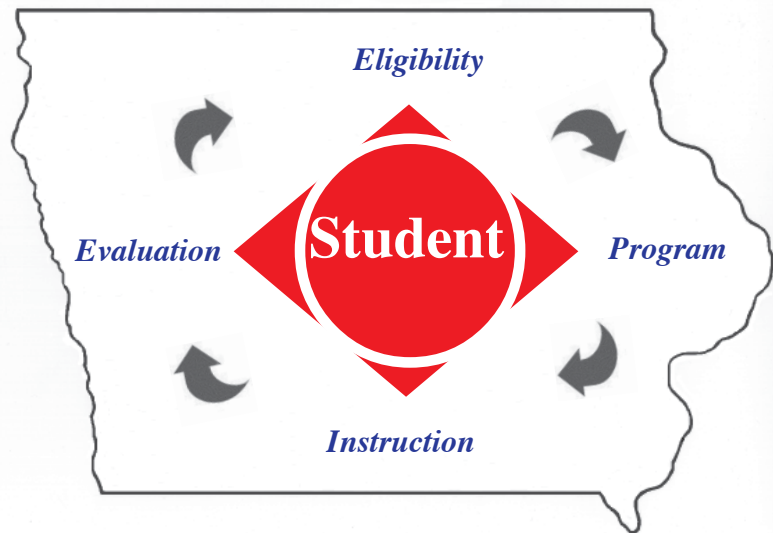# Quick Look

- **Accessing Assistive Technology**

- **Career Education**

- **Compensatory**

- **Independent Living**

- **O & M**

- **Recreation & Leisure**

- **Self-Determination**

- **Social Interaction**

- **Visual Efficiency**

Iowa Expanded Core Curriculum (ECC) Procedures Manual

Eligibility

Evaluation **Student** *Program*

Instruction

February 2007

Iowa
Expanded Core Curriculum
(ECC)
Procedures Manual
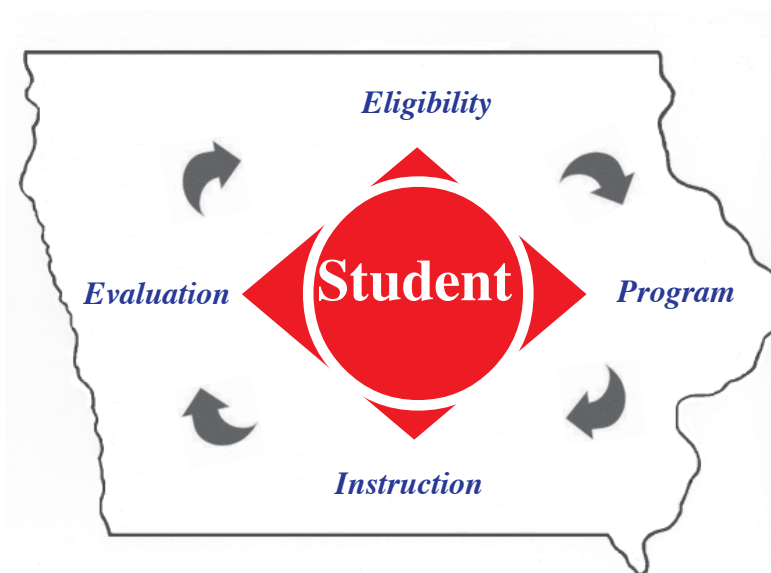
Iowa Department of Education

Revised February 2007

State of Iowa
Department of Education
Grimes State Office Building
Des Moines, Iowa 50319-0146

State Board of Education

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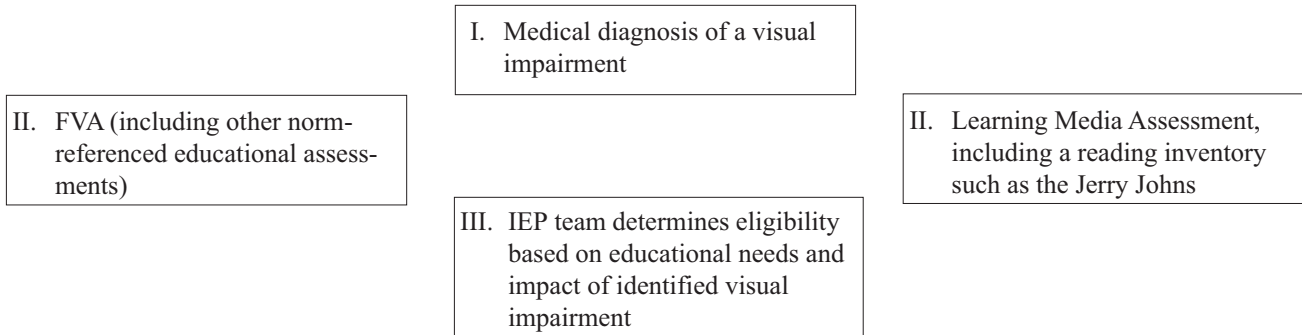## Acknowledgements

Effective Assessment to Instruction Continuum

Quick Look Procedure Guide
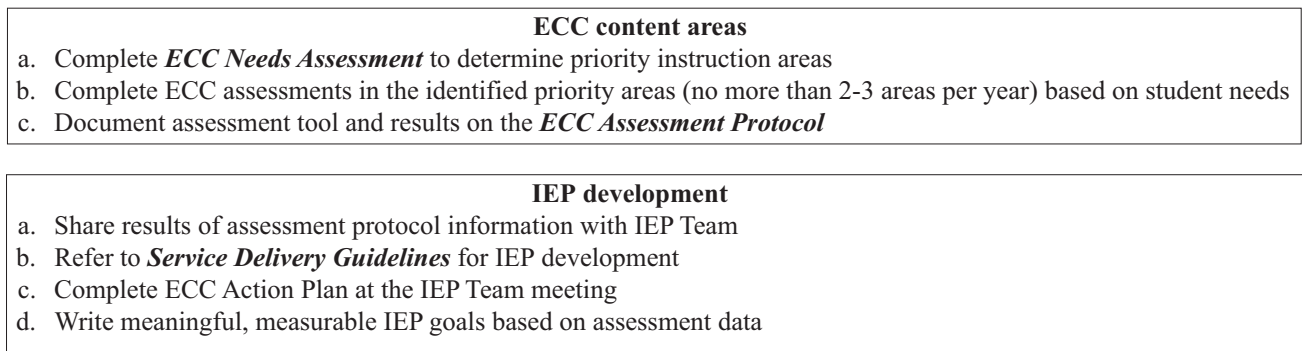## Effective Assessment to Instruction Continuum

Action Under Consideration	Activity Steps	Forms Needed
Eligibility/ Entitlement	1. Obtain Eye/Health Report that documents a visual impairment 2. Complete FVA/LMA/Other educational assessments to document impact of visual impairment on early intervention (Part C) or on the general education (Part B) 3. Document tools and results on the ***ECC Assessment Protocol*** 4. Determine eligibility/entitlement	Iowa Eye Report ECC Assessment Protocol Iowa IFSP/IEP
Program Planning	1. Complete the ***ECC Needs Assessment*** with families, students, other educational personnel 2. Complete needed assessments (see Resource Guide) in the identified priority areas (2-3 areas) 3. Document tools and results on ECC Assessment Protocol. 4. Share results with IFSP/IEP team 5. Document impact of VI on page B of the Iowa IEP (i.e., John Doe has decreased visual acuity of 20/400 due to Oculocutaneous Albinism and requires accommodations to successfully access the general education curriculum) 6. Review ***Service Delivery Guidelines*** for suggested service time 7. Complete ***ECC Action Plan*** to determine who/where for the priority areas 8. Develop meaningful, measurable goals on the IFSP/IEP based on the assessment results. Align goals with school district/state/ or national standards. Extended benchmarks may be used for students with a severe cognitive disability	ECC Needs Assessment ECC Assessment Protocol Use identified assessment tools in the ECC Resource Guide Service Delivery Guidelines Iowa IEP See Resource Guide for examples
Instructional Needs	1. Identify skill set needed to meet IEP goals (use task analysis if skill set is not available in resource materials. Document on the ***ECC Lesson Plan(s)*** 2. Identify available curriculum or develop needed curriculum. 3. Provide instruction (direct & collaborative/consultative) in identified priority areas using research or evidence based instructional strategies 4. Provide outcome based collaborative/consultative service if direct instruction is not needed 5. Complete on-going probes for instruction (Mastery Monitoring, COACH, or other methods) 6. Complete Performance (Mastery & Progress) Monitoring to assess IEP goal areas	ECC Resource Guide ECC Lesson Plan(s) Iowa IEP PLAAFP page

Effective Assessment to Instruction Continuum Flowchart
Eligibility for Children and Youth with Visual Impairments

I. Medical diagnosis of a visual impairment

II. FVA (including other norm-referenced educational assessments)

II. Learning Media Assessment, including a reading inventory such as the Jerry Johns

III. IEP team determines eligibility based on educational needs and impact of identified visual impairment

Program Planning

ECC content areas
a. Complete *ECC Needs Assessment* to determine priority instruction areas
b. Complete ECC assessments in the identified priority areas (no more than 2-3 areas per year) based on student needs
c. Document assessment tool and results on the *ECC Assessment Protocol*

IEP development
a. Share results of assessment protocol information with IEP Team
b. Refer to *Service Delivery Guidelines* for IEP development
c. Complete ECC Action Plan at the IEP Team meeting
d. Write meaningful, measurable IEP goals based on assessment data

Instructional Needs

Identify skill set needed to meet IEP goals
1. Use skill set found in resources and document on *ECC Lesson Plan(s)*
2. Complete a task analysis of broad IEP goals to determine needed skill set
   *Attend to rigor and relevance to reach skill competency as demonstrated in various environments as independently as possible

Curriculum & instruction (refer to Resource Guide, III)
1. Identify available curriculum or develop needed curriculum based on the identified ECC priority area(s) and skill set
2. Implement research or evidence based instructional strategies for instruction in the identified ECC priority areas.
   *Attend to rigor and relevance for demonstration of competency

Evaluation
a. Complete Performance Monitoring to assess IEP goal areas
b. Complete on-going probes for instruction

*Refer to Effective Assessment to Instruction Continuum Checklist

Effective Assessment to
Instruction Continuum Checklist
(Ages 3-21)

Student Name: _____   TVI: _____

School District: _____   Referral Date: _____
<div align="right">(60 day requirement)</div>

Eligibility

I.   **Does the student have a visual impairment based on current (within 12 months) eye report (review medical/health records)?**

    A.   **YES**, meets the established criteria for visual impairment (proceed to II)

    B.   **NO**, does not meet the established criteria for visual impairment (process stops here, attach *Student Referral Form* to Problem Solving Process Team packet)

    C.   **OTHER**, additional information is needed (complete initial screening) proceed to II

II.   **How does visual impairment impact general education?**

    A.   Complete initial screening form and other assessments are needed

        ☐ Parent permission for assessments was obtained

        ☐ Completed FVA

        ☐ Completed LMA

    B.   Complete initial screening form and no additional assessments are needed, the process stops here (attach *Student Referral Form* to Problem Solving Team)

III. **Does the student need special education?**

    A.   Conduct other educational assessments as needed (review records for academic levels)

        i.   Below grade level in reading, math or science (compared to sighted peers) due to visual impairment

        ii.   Below literacy grade level, words read per minute, or literal comprehension due to visual impairment

B. Share how the visual impairment impacts the educational programming of student (FVA/LMA)

    i. IEP team determined that student requires special education and develops statement for IEP page (b)

        1. Student does not have needed visual skills to successfully access general education (near and/or far). Document acuity, condition, and impact

    ii. IEP team determined that student did not require special education, process **stopped** here

Program Planning for Eligible/Entitled Student

A. Complete the *ECC Needs Assessment* with family, student, and other educational personnel. Family provides key input to determine priorities for the instructional year *(should be completed at least annually)*

B. Complete ECC assessments in identified priority areas documented on the *ECC Needs Assessment (should be completed at least annually)*

C. Document assessment tools and results on the *ECC Assessment Protocol*

D. Share assessment results with IEP Team

    i. Complete *ECC Action Plan*

    ii. Review *Educational Service Guidelines* and document service delivery and time needed to achieve student competency on service page of IEP

        1. Direct and collaborative/consultative service delivery model

        2. Collaborative/consultative service delivery model (no less than 30 minutes, twice a month) only

    iii. Develop measurable IEP goals based on the assessment results as documented on the *ECC Assessment Protocol*

Instructional Needs for Eligible/Entitled Student

A.. Identify skill set needed to address IEP goal. Document on *ECC Lesson Plan(s)*

    i. Use skill set found in resources

    ii. Skill set not found in resources, used task analysis to determine skill set

B. Identify or develop needed curriculum for instruction

C. Implement instruction using research or evidence based instructional strategies

D. Complete on-going probes for instruction. Mastery monitoring or other data collection methods (Job #1 charts) should be used

E. Complete Performance (mastery & progress) Monitoring to evaluate IEP goals *(See manual)*

Iowa Eye Health Report

Instructions: An eye examination is required every three years for students with visual impairments. This form is to be completed by the eye specialist (ophthalmologist/optometrist)

Name: _____ Sex: M/F _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

I. History

A. Probable age of onset of visual impairment: Right Eye: _____ Left Eye: _____

B. Severe Ocular infections, injuries, operations, if any, with age at time of occurrence: _____

C. Has student's ocular condition occurred in any blood relative(s)? _____

If so, what relationship: _____

II. Measurements
A. Visual Acuity

	Without Glasses		With Glasses	
	Distance	Near	Distance	Near
Right Eye (OD)				
Left Eye (OS)				
Both Eyes (OU)				

B. If an optical device has been prescribed please specify type and recommendations: _____

_____

C. Is there a documented field loss? Y/N _____ If yes, please explain: _____

D. Is there impaired color vision? Y/N _____ If yes, please explain: _____

E. If visual acuity cannot be determined, estimate visual functioning (indicate OD, OS, OU and methods of estimation)

NIL (totally blind)		Hand Movement		Reduced Visual Acuity	
Light Perception		Counts Fingers		Reasonably Normal	
Object perception		Legally Blind			

F. Method of estimation/or instrument used: _____

III. Diagnosis:

A. Present ocular condition(s). If appropriate, indicate OD, OS, or OU

Aniridia _____ Anophthalmos _____ Astigmatism _____ Aphakia _____ Coloboma _____ Congenital Cataracts _____	Corneal Disorder _____ Cortical Visual Impairment _____ Glaucoma _____ Hyperopia _____	Microsphthalmos _____ Retinal Detachment _____ ROP _____ RP _____ Other _____	Myopia _____ Nystagmus _____ Optic Atrophy _____ Optic Nerve _____ Hypoplasia _____ Ocular Albinism _____ Strabismus _____

B. Does this student meet the definition of neurological visual impairment? Y/N _____

IV. Prognosis and Recommendations:

A. Is student's visual impairment considered to be: stable_____ deteriorating _____

capable of improvement _____ or uncertain _____

B. What treatment is recommended, if any? _____

C. Next exam is scheduled for what date? _____

D. Glasses: Not needed _____   To be worn constantly _____   Near only _____   Distance only _____

E. Lighting requirements: Average _____   Better than average _____   Avoid glare and overhead lights _____

F. Use of eyes: Unlimited _____ Limited as follows: _____

G. Physical activity: Unrestricted: _____ Restricted as follows: _____

H. Other recommendations: _____

V. Certificate and Authorizations

_____   _____
Print or type Name of Licensed Eye Specialist   Signature of Licensed Eye Specialist

Address: _____ City: _____

State: _____ Zip: _____   Phone: _____

Date of Examination: _____

Eligibility/Entitlement

Quick Look Procedure Guide
Eligibility/Entitlement Part C (Birth - 3 years of age)

Action Under Consideration	Activity Steps	Forms Needed
Determine known condition	• Review health (vision screening information) records provided by service coordinator • Review eye report provided by service coordinator ***If child has a known visual condition, the child is eligible for Part C services***	Iowa Eye Report

Program Planning	***If known visual condition:***
	
	• Secure parent consent for evaluation
	
	• Complete FVA
	   * Document findings on the ***ECC Assessment Protocol***
	
	• Complete LMA
	   * Document indings on the ***ECC Assessment Protocol***
	
	• Complete other developmental assessments (validity/reliability for children with visual impairments) to address Early Childhood Outcomes (ECO)
	
	• Complete ECC Needs Assessment
	
	• Complete ECC assessments in the prioritized content areas.
	
	• Document results on ***ECC Assessment Protocol***
	
	• Share with family and other service providers at the IFSP
	
	• Develop measurable goals for the IFSP
		Agency permission for evaluation form
		
		Iowa FVA/Preschool template
		
		ECC Assessment Protocol
		
		Iowa IFSP

Eligibility / Entitlement

Part C or Early ACCESS (Birth- 3 years of age)

Is there a known condition?

I.   Review Health Records (health expertise required) for evidence of visual acuity (or failed passed vision screening*)

   A.   If child passed vision screening or has documentation of normal visual acuity no additional evaluations are needed

   B.   If child failed vision screening from primary physician and no documentation of subnormal visual acuity or condition was found, a referral for a comprehensive evaluation with an ophthalmologist or optometrist should be made

   C.   If a review of health records found documentation of a known condition from a medical report such as Retinopathy of Prematurity, Cortical Visual Impairment (Cortical Blindness, Neurological Visual Impairment, or Neurological Blindness), Optic Nerve Hypoplasia, Ocular Albinism, Optic Nerve Atrophy, Septo-Optic Dysplasia, or other known conditions, a certified/licensed Teacher of Students with Visual Impairments (TVI) and an Orientation & Mobility Specialist (OMS) should be notified and solicited as a critical team member

   D.   If no documentation of either a visual acuity or a vision screening is found in the review of health records, then a valid and reliable vision screening should be conducted by qualified personnel*

*A valid and reliable vision screening conducted by a licensed or trained person is considered higher than minimum standard in the medical field.

Medical Standards (birth-21 years of age)

II.   Medical — has one or more of the following conditions documented by a medical professional (i.e., medical eye report). Must be current or within 12 months of referral.

   A.   Visual acuity in the better eye or both eyes with best possible correction:

      i.   Legal blindness — 20/200 or less at distance and/or near

      ii.   Low Vision — 20/70 or less at distance and/or near

   B.   Visual Field Restriction with both eyes

      i.   Legal blindness — remaining visual field of 20 degrees or less

      ii.   Low Vision — remaining visual field of 60 degrees or less

      iii. Medical and educational documentation of a degenerative condition; which may, in the future, affect the student's ability to learn visually.

   C.   Other visual impairment, including Cortical or Neurological Visual impairment (CVI or NVI), not perceptual in nature, resulting from a medically documented condition (request that medical professional estimate if visual functioning is at least legal blindness)

If vision can be corrected to normal/near normal by glasses, contact lenses, or patching, child should not be considered eligible for vision services.

Establish Child's Performance Levels in 5 Developmental Areas

III.   For children with a known visual condition, a TVI and OMS are notified and serve as critical team members to complete the following required evaluations (document evaluations and results on the *ECC Assessment Protocol):*

   A.   Functional Vision Assessment

   B.   Learning Media Assessment

   C.   Assessments in the Expanded Core Curriculum Content priority areas (*see evaluations listed in the ECC Resource Guide*)**

   D.   Other developmental assessments are completed with documented validity for children who are visually impaired (See compendium web address below for a complete list of assessment tools with noted validity and reliability):

   http://www.visionconnection.org/Content/ForProfessionals/Patient Management/
   Pediatrics/AssessmentCompendium.htm?cookie%5test=1

Results of the above evaluations should be able to provide baseline data for the required **Early Childhood Outcomes.*

Develop an IFSP that answers these questions:

Are there other areas that need to be further evaluated by a specialist?

For children that failed screening, but do not have enough information to determine whether a visual impairment is present, the service coordinator will request additional eye health information from an optometrist/ophthalmologist. In those cases, a TVI/OMS would be called in after the eye health information was collected and their required evaluations would not be completed within the 45-day timeline. Service Coordinators will note additional eye health information is needed on the IFSP and make the appropriate referrals.

What are the unique needs of the child and family, and what will the initial IFSP entail?

For children with a documented visual impairment the results of the FVA, LMA, ECC content areas, and other appropriate education evaluation information (*ECC Assessment Protocol*) will be shared by TVI and OMS with family and other IFSP team members. In addition, strategies to address these skill areas in the natural learning environment on a daily basis will be discussed.

EXITING Early ACCESS (Part C):

For children with a documented visual impairment, update the FVA, LMA, ECC identified priority areas (*ECC Needs Assessment*), educational assessments and follow the eligibility guidelines from the ECC Resource Guide at least 90 days prior to third birthday (follow Part C guidelines for transition). Document results on the *ECC Assessment Protocol* and complete the *ECC Action Plan* for the preschool setting.

Quick Look Procedure Guide
Eligibility/Entitlement (3-21 years of age)

Action Under Consideration	Activity Steps	Forms Needed
Determine Medical Eligibility	• Obtain eye health report • Review eye health report *If does not meet state eligibility/entitlement (see Appendix A) requirement:* • Complete ***Student Referral Form*** *If eligibility/entitlement is questionable:* • Complete Initial Screen/Observation form on ***Student Referral Form*** • Complete parent, teacher and student interviews • Determine medical eligibility • If not eligible, send ***Student Referral Form*** to identified case manager	Student Referral Form See Iowa ECC Resource Guide

Impact of Functional Vision on General Education	*If eligibility/entitlement is established:*
	
	• Secure parent consent on form
	
	• Complete FVA
	  * Document findings on the ***ECC Assessment Protocol***
	
	• Complete LMA.
	  * Document findings on the ***ECC Assessment Protocol***
	
	• Determine impact/educational need
	  * Document on IEP Page B (condition, acuity, and impact)
	
	• Complete agency forms for entitlement process
		Agency permission for evaluation form
		
		Iowa FVA Template
		See Iowa ECC Resource Guide.)
		
		ECC Assessment Protocol
		
		Iowa IEP
		
		Student Referral Form

Eligibility/Entitlement
Part B (3-21 years of age)

In order to be considered for Special Education services from a teacher of students who are blind or visually impaired, (TVI) and/or an orientation and mobility specialist (OMS), or other support, related, or instructional services based upon an identified visual impairment, an individual must be eligible for and be in need of special services. These services may include direct and/or collaborative services by a certified TVI, OMS or other specialized instructional services. Specific entitlement/eligibility requirements and procedures used by the vision program are listed under eligibility standards and evaluation procedures.

I.   Medical — has one or more of the following conditions documented by a medical professional (i.e., medical eye report). Must be current or within 12 months of referral.

    A.   Visual acuity in the better eye or both eyes with best possible correction:

        i.   Legal blindness — 20/200 or less at distance and/or near

        ii.   Low Vision — 20/70 or less at distance and/or near

    B.   Visual Field Restriction with both eyes

        i.   Legal blindness — remaining visual field of 20 degrees or less

        ii.   Low Vision — remaining visual field of 60 degrees or less

        iii.   Medical and educational documentation of a degenerative condition; which may, in the future, affect the student's ability to learn visually

    C.   Other visual impairment, including Cortical or Neurological Visual impairment (CVI or NVI), not perceptual in nature, resulting from a medically documented condition (request that medical professional estimate if visual functioning is at least legal blindness)

If vision can be corrected to normal/near normal by glasses, contact lenses, or patching, child should not be considered eligible for vision services.

Process for Identification, Referral and Assessment of Students with Visual Impairments

II.   **Does the student have a visual impairment?** (Information should be gathered and reviewed (see below) by the case manager of the Instructional Decision-Making Model (IDM) Problem Solving team). For any student suspected of a visual impairment, a TVI should be a part of the problem solving team.

    A.   Review of current health records for information on visual functioning

    B.   Obtain a medical eye report if one is not available in the record review

        i.   Once the medical information has been obtained, the problem solving team, including the TVI, will apply the AEA/Iowa's definition of visual impairment to the health review and medical eye report. (If student meets AEA/Iowa's criteria for visual impairment move to Part II). Document on **Student Referral Form.**

        ii.   If the student's medical eye report does not meet the specific criteria for visual impairment, but the team feels the results are questionable, the TVI should complete the **Initial Screening Observation** (see *Student Referral Form*) before determining whether the student has a visual impairment.

If, after completing the **Initial Screening Observation** (see *Student Referral Form*), the team does not believe the student has a visual impairment the process **stops here**. If the team believes the student does indeed have a visual impairment, continue to Question III.

III.   **How does visual impairment impact general education?** Follow the referral process developed by agency. Parent consent is required for students where special education services are being considered.

      A.   A TVI and an OMS completes the following assessments and documents on the *ECC Assessment Protocol:*

            i.   Functional vision assessment (FVA), including a review of academic performance

            ii.   Learning media assessment, including a basic reading inventory such as the Jerry Johns

IV.   **Does the Student need special education?** The team, including the TVI, conducts informal/ formal assessments in the academic areas of concern (apply the IDM model if no information was available from the review).

Educational Progress & Discrepancy (I, II)

Instructional Needs (III)

If the need for special education is documented, the *ECC Needs Assessment* should be completed with input from the family, student, classroom teacher, and other professionals as appropriate. Once the ECC priority areas are identified the TVI and OMS complete the needed assessments and document on the *ECC Assessment Protocol*. Review service guidelines for determination of service time and delivery model. Complete the *ECC Action Plan* at the IEP team meeting to determine the person responsible for instruction, the setting for instruction, and the amount of service for each identified content area.

Re-Evaluation Process

Repeat I (A), II, and III unless the team documents; in writing and the parent agrees, that any or all of this information is not pertinent or needed to establish continued eligibility for special education as a student who is blind or visually impaired.

Eligibility/Entitlement
Student Referral Form

Student Name:_____   Date: _____

School: _____

Referred by: _____   TVI: _____

Summarize Eye Report: _____

_____

_____

_____

☐   This student does not meet the criteria for visual impairment:

- Send a copy of form to the referring **problem solving team**

- Keep a copy in your file

- Put a copy in the student's cumulative folder

☐   To determine eligibility, additional observations are needed:

- Complete Classroom Observation Form

Summarize Classroom Observation (if needed): _____

_____

_____

_____

Please call me if you have any questions or if there are changes in the student's vision

Name: _____   Phone Number: _____
       Teacher of Students with Visual Impairments

Contact Information: _____

_____

_____

Classroom Observation Sample
Student Referral Form

Student :_____   Date: _____

Near Vision (NV) = 16" or less   Intermediate Vision (IV) = 16"-36"   Distance Vision (DV) = more than 3 feet

Activites	Describe any observed visual behaviors	Describe Conditions (e.g., location, position, distance)	Recommendations that might enhance visual function
Reading a one page story	NV-6" reading distance 20 point font Student showed mild nystagmus while he was reading	Student used his finger to keep his place on the paper. His paper was positioned directly in front of him and laid flat on the table. He also used a green overlay. He stated that he could read better with it.	Try using a 3" or 4" three-ring binder as a slant board.
Flash card - sight words	IV- 2 1/2 - 3 foot viewing distance	Words were printed with marker on 3 x 5" cards. Lower case letters were approximately 1/2 inch tall.	None
Dolch list - Speed words	NV - 8" then moved to 6". Student picked up his speed and increased his distance back to 8 inches when the teacher used the overlay as a line marker.	No overlay. His teachers positioned and moved the green overlay so that the edge also acted as a line marker. 18 point font	You might also experiment with tinted reading guides that can be purchased at the Learning Post.
Reading "baggy book" *A House for Mouse*	NV-8" reading distance	18 point font Used green overlay	

Adapted from: Levak, TSBVI, 1999 (p. 209)

This observation took place on: _____ at: _____

in _____at the request of: _____.

Summary of the observation: _____

_____

_____

_____

_____

_____

_____

Please see accompanying list for other suggestions to try within the classroom.

Based on a review of health records, interviews, and this classroom observation:

☐　　This student does not meet eligibility/entitlement as visually impaired.

☐　　Additional Assessments are needed to determine eligibility/entitlement as visually impaired.

Thank you for allowing me to visit your classroom. Please call me if you have any questions on this observation or if there are changes in the student's vision.

Student Folder Checklist
Student Information Sheet

Name :_____   School Year: _____

TVI: _____   OMS: _____

Eligibility/Entitlement

_____   Eye Report and other medical reports

_____   Parental Permission for Assessments Form

_____   FVA

_____   LMA

_____   Other Educational Assessment Reports

_____   ECC Assessment Protocol

_____   Student Referral Form

_____   Classroom Observation Form

Programming

_____   ECC Needs Assessment

_____   ECC Assessment Protocol

_____   ECC Action Plan

_____   Copy of IFSP/IEP

Instruction

_____   ECC Lesson Plans

_____   Job #1 Charts or other Data Sheets

_____   Copy of Report Card

_____   Curriculum Resources

Resources

_____ APH Orders

_____ Any other formats

_____ Textbook Orders (accessible formats)

_____ Inventory Sheet w/equipment ownership information

Other

_____ School Calendar

_____ Daily Schedule

_____ Release of Information

_____ Websites on VI

Program Planning

Quick Look Procedure Guide
ECC Needs Assessment

Action Under Consideration	Activity Steps	Forms Needed
Instruction for completing ECC Needs Assessment	• Complete demographic information • Check who has provided input • Identify both strengths and needs, document with key codes • Complete justification statements • Prioritize need (circle)	ECC Needs Assessment
Determining student strengths and needs in the ECC content areas	Set up meeting with: • Parents • Other family members • General education teacher • Special education teacher • COMS • Other related service providers • Administrator	ECC Needs Assessment
Determine priority areas for assessment	• Clarify any skill areas for team • Discuss identified needs by team members • Prioritize needs (circle)	ECC Needs Assessment

Expanded Core Curriculum Needs Assessment
(To be completed annually)

Student Name: _____   School: _____

Grade Level: _____   Age: _____   TVI: _____

Date of Needs Assessment: _____

Check all who contributed to this Needs Assessment:

☐   Parents   ☐   General education teacher   ☐   OMS

☐   Student   ☐   Special education teacher   ☐   Other related service providers

☐   Other family members   ☐   TVI   ☐   Administrators

Key: (+) Strength   (-) Need   (0) Not a Need at this time

Circle or highlight Priority Areas

Skills	Key	Justification Statement
ACADEMIC/COMPENSATORY		
Communication & type		
Handwriting		
Tactual readiness		
Braille reading, including fluency		
Braille writing		
Nemeth code		
Slate and stylus		
Effective use of optical devices for literacy (see visual efficiency)		
Calculator		
Abacus		
Listening skills		
Organization		
Study & reference skills		
Use of live reader		
Use of charts, graphs, maps		
Scientific notation		
Music notation		
Additional areas (identify)		
Needed accommodations		

Skills	Key	Justification Statement
CAREER EDUCATION		
Knows function of community workers		
Follows simple/complex classroom and school rules		
Initiates & completes school assignments on time		
Demonstrates concern for quality of work		
Identify educational service options related to visual impairment		
Develop statement on eye condition & need accommodations		
Assume responsibility for obtaining supplies, resources		
Explore realistic options for future education/career programming		
Additional skills (identify)		
INDEPENDENT LIVING SKILLS		
Dressing/clothing management		
Personal hygiene/grooming		
Toileting and feminine hygiene		
Eating/food management		
Housekeeping & home maintenance		
Obtaining & using money		
Time concepts		
Health & safety		
Additional skills (identify)		
ORIENTATION AND MOBILITY		
Concept development		
Body image		
Protective techniques		
Sighted guide		
Trailing		
Search patterns		
Cane skills		

Skills	Key	Justification Statement
ORIENTATION AND MOBILITY (CONT.)		
Independent travel in familiar environments		
Independent travel in unfamiliar environments		
Public transportation		
Requesting assistance		
Use of distance optical devices		
Additional skills (identify)		
RECREATION/LEISURE		
Management of leisure time		
Solitary play & leisure activities		
Physical games & sports		
Pets & nature		
Music & dance		
Arts & crafts		
Drama		
Science & technology		
Additional skills (identify)		
SELF-DETERMINATION		
Self-awareness		
Decision making		
Problem-solving		
Goal setting & attainment		
Self-observation, evaluation & reinforcement		
Self-instruction		
Choice making		
Positive self-efficacy and outcome expectancy		
Self-advocacy & leadership		
Self-Understanding		
Facilitation of IEP & team meeting		
Able to describe & explain eye condition		
Additional skills (identify)		

Skills	Key	Justification Statement
SOCIAL INTERACTION SKILLS		
Interaction with family, peers & others		
Non-verbal communications		
Courteous behavior		
Personal & civic responsibility		
Recognition & expression of emotions		
Personal & social aspects of sexuality		
Additional skills (identify)		
TECHNOLOGY		
Computer		
Keyboarding		
Use of screen reader		
Braille technology		
Voice output technology		
Screen enlargement		
Managing/securing equipment		
Use/management of electronic texts		
Additional skills (identify)		
VISUAL EFFICIENCY		
Chooses a device appropriate for the visual task (near/distance)		
Communicates purpose & function of prescribed optical device		
Demonstrates daily maintenance of optical devices		
Initiates independent use of optical device		
Demonstrates knowledge of prescribed optical device		
Demonstrates proficiency with prescribed optical device		
Demonstrates fluency (reading/writing) with optical device commensurate with classroom peers (see ECC Resource Guide)		
Additional skills (identify)		

Skills	Key	Justification Statement
OTHER CONCERNS		
Fine motor		
Gross motor		
Speech and language		
Hearing		
Behavior(s)		
Additional skills (identify)		

Developed by Dr. Wendy Sapp, Ph.D., and revised by Iowa ECC Resource Guide Work Team, 2006

**Teacher discretion is required for skill sets identified within each content area and additional sub-skills needed.

Expanded Core Curriculum Assessment Protocol

Assessment Tool	Date	Results	Comments

Developed by Dr. Karen E. Blankenship, Ph.D, Iowa

Type and Amount of Service

Range of Service Guidelines

The Range of Service Guidelines is used for making recommendations regarding the frequency and duration of services. It is used in conjunction with Instructional Considerations.

Vision Services	Problem Solving Pre-Referral	Problem Solving Evaluation	Problem Solving Collaboration/ Consult	Direct & Collaboration/ Consult
Factors	**Levels 1 & 2**	**Level 3**	**Level 4**	
Potential to benefit from intervention provided by TVI	Minimal, gains appear remote or plateau	Currently function at a level equal to developmental ability	Some improvement appears possible, gains probable with intervention	Prognosis for improved visual function or functional outcomes
Critical period of skill acquisition or regression related to visual development or disability	Minimal response to stimulation/ intervention	Occasional response to stimulation/ intervention	Frequent response to stimulation/ intervention	Consistent response to intervention/ instruction
Amount of program that can be performed by others in addition to TVI intervention	Visual accommodations infused throughout the program carried out by staff on a daily basis	Other providers in addition to minimal intervention by the TVI, can carry out many activities from the program with integrity	Other providers in addition to moderate intervention by the TVI, can carry out some activities from the program with integrity.	Other providers can perform a few activities with integrity, but most of the program requires the expertise of the TVI
Amount of training provided by TVI to others carrying out the program	Teacher, staff, and/or parent highly trained to meet student's needs. No additional training needed	Teacher, staff, and/or parents trained but some follow-up needed	Teacher, staff, and/or parents trained to carry out some activities, and/or have ongoing training needs	Teacher, staff, and/ or parents could carry out some activities with extensive training & have ongoing training needs
Amount vision interferes with educational setting	Educational activities are not affected by vision loss	Educational activities are frequently affected by vision loss	Educational activities are frequently affected by vision loss	Educational activities are consistently affected by vision loss
Vision Services	0 minutes - recommended interventions	30 min./2 x month. Inservice at beginning of school year	30 min./2 x month. TVI shares goal with other service provider. Documents objectives &outcomes	**No less** than 60 min./week. Daily instruction recommended for literacy (K-3) TVI has goals and/ or shares goals with other service providers
Placement on IEP	Page B	Page F - Support for School Personnel	Page F-Support for School Personnel	Page F - Specialized instruction and/or related service
IEP Goal Required	N	N	Y	Y

Early Access Model for CVI
(0-3)

Range 1-2 (0)	Range 3-4 (.25)	Range 5-6 (.50)	Range 7-8 (.75)	Range 9-10 (1)
Phase I Building Visual Behavior Level I Environmental Considerations		**Phase II** Integrating Vision with Functions Level II Environmental Considerations		**Phase III** Resolution of CVI Characteristics Level III Environmental Considerations

Phase I	Phase II	Phase III

Characteristics of Service Delivery
• Imbed vision into daily routines
• Development of scripted routines (with or without photos)
• On-going assessment (Roman scale)
 	
Service Delivery Model
 	
New Student
1. Current eye report
2. Add vision services to IFSP
3. Initial involvement:
  Weekly contact for 4-6 weeks to:
  • Determine placement on the CVI scale
  • Imbed vision into daily routines
  • Set out strategies
  Team building with emphasis on getting the family/caregiver involved and committed to the program.
 	
Continuing Student
1. Ongoing support
  TVI Role is to:
  • Model CVI strategies
  • Update CVI (Roman) scale
  • 30-45 minutes, 1 contact per month
	Characteristics of Service Delivery
	• Imbed vision into daily routines
	• Development of scripted routines (with or without photos)
	• On-going assessment (Roman scale)
	
	Service Delivery Model
	
	New Student
	1. Current eye report
	2. Add vision services to IFSP
	3. Initial involvement:
	  Weekly contact for 4-6 weeks to:
	  • Determine placement on the CVI scale
	  • Imbed vision into daily routines
	  • Set out strategies
	  Team building with emphasis on getting the family/caregiver involved and committed to the program, including unique needs (expanded core curriculum)
	
	Continuing Student
	1. Ongoing support
	  TVI Role is to:
	  • Model CVI strategies including unique needs (expanded core curriculum)
	  • Update CVI (Roman) scale
	  • 30-45 minutes, 1-2 contact per month
		Characteristics of Service Delivery
		• Imbed vision into daily routines
		• Imbed developmentally appropriate activities with CVI accommodations
		• On-going assessment (Roman scale)
		
		Service Delivery Model
		
		New Student
		1. Current eye report
		2. Add vision services to IFSP
		3. Initial involvement:
		  Weekly contact for 4-6 weeks to:
		  • Determine placement on the CVI scale
		  • Imbed vision into daily routines
		  • Imbed developmentally appropriate activities with CVI accommodations and strategies, including unique needs (expanded core curriculum)
		
		Continuing Student
		1. Ongoing support
		  TVI Role is to:
		  • Model CVI strategies including unique needs (expanded core curriculum)
		  • Update CVI (Roman) scale
		  • 30-45 minutes, 1 contact per month

Monitoring Progress Roman chart	**Monitoring Progress** Roman chart	**Monitoring Progress** Roman chart

Early Access Model for CVI
(0-3)

Range 1-2 (0)	Range 3-4 (.25)	Range 5-6 (.50)	Range 7-8 (.75)	Range 9-10 (1)
Phase I Building Visual Behavior Level I Environmental Considerations		**Phase II** Integrating Vision with Functions Level II Environmental Considerations	**Phase III** Resolution of CVI Characteristics Level III Environmental Considerations	

Evaluation of vision services
1. Review program at every 6 month review
2. Determine if increase or decrease of service is necessary
  • note change or lack of changes on the Roman scale
  • change in medical status
		Evaluation of vision services
		1. Review program at every 6 month review
		2. Determine if increase or decrease of service is necessary
		  • note change or lack of changes on the Roman scale
		  • change in medical status
			Evaluation of vision services
			1. Review program at every 6 month review
			2. Determine if increase or decrease of service is necessary
			  • note change or lack of changes on the Roman scale
			  • change in medical status
			  • vision issues resolved **or** there is no educational need	

Dismissal
Consider dismissal if:
  • change in medical status
  • vision is not being used as a learning mode
		Dismissal
		Consider dismissal if:
		  • change in medical status
		  • vision is not being used as a learning mode
			Dismissal
			Consider dismissal if:
			  • change in medical status
			  • vision issues resolved within the educational setting	

Dismissal procedure
If any one of the above criteria is met, the TVI would:
  • Move the student to one visit in 6 months
  • Note change or lack of changes on the Roman scale
  • Move to dismiss at the end of the next 6 months
		Dismissal procedure
		If any one of the above criteria is met, the TVI would:
		  • Move the student to one visit in 6 months
		  • Note change or lack of changes on the Roman scale
		  • Move to dismiss at the end of the next 6 months
			Dismissal procedure
			If any one of the above criteria is met, the TVI would:
			  • Move the student to one visit in 6 months
			  • Note change or lack of changes on the Roman scale
			  • Move to dismiss at the end of the next 6 months	

Early Childhood Special Education Model for CVI
(3-5)

January 2005

Range 1-2 (0)	Range 3-4 (.25)	Range 5-6 (.50)	Range 7-8 (.75)	Range 9-10 (1)
Phase I Building Visual Behavior Level I Environmental Considerations		**Phase II** Integrating Vision with Functions Level II Environmental Considerations		**Phase III** Resolution of CVI Characteristics Level III Environmental Considerations

Characteristics of Service Delivery • Ensure that LEA is familiar with Roman model (instruct in Roman model if necessary) • Imbed vision into daily routines through team collaboration • Development of scripted routines (with or without photos) • On-going assessment • Indirect service model	**Characteristics of Service Delivery** • Ensure that LEA is familiar with Roman model (instruct in Roman model if necessary) • Imbed vision into daily routines through team collaboration • Development of scripted routines (with or without photos) • On-going assessment • Indirect service model	**Characteristics of Service Delivery** • Ensure that LEA is familiar with Roman model (instruct in Roman model if necessary) • Imbed vision into daily routines through team collaboration • Imbed developmentally appropriate activities with CVI accommodations • On-going assessment • Indirect service model

Service Delivery Model
New Student
1. Determine eligibility
2. Initial involvement:
   Weekly contact for 4-6 weeks to:
   • determine placement on the CVI scale
   • imbed vision into daily routines
   • set out strategies
   • team building (LEA, AEA, and family) with emphasis on getting the team involved and committed to the program
 	
Continuing Student
1. Ongoing support
   TVI role is to:
   • model CVI strategies
   • update CVI (Roman) scale
   • Facilitate transitions to new environments
   • 30-45 minutes, 1 contact monthly
	Service Delivery Model
	New Student
	1. Determine eligibility
	2. Initial involvement:
	   Weekly contact for 4-6 weeks to:
	   • determine placement on the CVI scale
	   • imbed vision into daily routines
	   • set out strategies
	   • team building (LEA, AEA, and family) with emphasis on getting the team involved and committed to the program including unique needs (expanded core curriculum)
	
	Continuing Student
	1. Ongoing support
	   TVI role is to:
	   • model CVI strategies including unique needs
	   • update CVI (Roman) scale
	   • Facilitate transitions to new environments
	   • 30-45 minutes, 1-2 contacts monthly
		Service Delivery Model
		New Student
		1. Determine eligibility
		2. Initial involvement:
		   Weekly contact for 4-6 weeks to:
		   • determine placement on the CVI scale
		   • imbed vision into daily routines
		   • imbed developmentally appropriate activities with CVI accommodations and strategies including unique needs (expanded core curriculum)
		
		Continuing Student
		1. Ongoing support
		   TVI role is to:
		   • model CVI strategies including unique needs
		   • update CVI (Roman) scale
		   • provide direct instruction as relates to an intervention
		   • Facilitate transitions to new environments
		   • 30-45 minutes, 1 contact monthly

Monitoring Progress Roman chart	**Monitoring Progress** Roman chart	**Monitoring Progress** Roman chart

Early Childhood Special Education Model for CVI
(3-5)

Range 1-2 (0)	Range 3-4 (.25)	Range 5-6 (.50)	Range 7-8 (.75)	Range 9-10 (1)
Phase I Building Visual Behavior Level I Environmental Considerations		**Phase II** Integrating Vision with Functions Level II Environmental Considerations	**Phase III** Resolution of CVI Characteristics Level III Environmental Considerations	
Evaluation/Dismissal 1. Review program at annual review 2. Determine if increase or decrease of service is necessary 3. Consider dismissal if: • change in medical status • vision is not being used as a primary learning mode		**Evaluation/Dismissal** 1. Review program at annual review 2. Determine if increase or decrease of service is necessary 3. Consider dismissal if: • change in medical status • vision is not being used as a primary learning mode	**Evaluation Dismissal** 1. Review program at annual review 2. Determine if increase or decrease of service is necessary 3. Consider dismissal if: • change in medical status • vision is not being used as a primary learning mode	
Dismissal procedure If any one of the above criteria is met, the TVI would: • Not change or lack of changes on Roman scale • Follow IEP process for removal of services		**Dismissal procedure** If any one of the above criteria is met, the TVI would: • Not change or lack of changes on Roman scale • Follow IEP process for removal of services	**Dismissal procedure** If any one of the above criteria is met, the TVI would: • Not change or lack of changes on Roman scale • Follow IEP process for removal of services	

School Age Model for CVI
(5-21)

Range 1-2 (0)	Range 3-4 (.25)	Range 5-6 (.50)	Range 7-8 (.75)	Range 9-10 (1)

Phase I Building Visual Behavior Level I Environmental Considerations		**Phase II** Integrating Vision with Functions Level II Environmental Considerations		**Phase III** Resolution of CVI Characteristics Level III Environmental Considerations
Characteristics of Service Delivery • Ensure that LEA is familiar with Roman model (instruct in Roman model if necessary) • Imbed vision into daily routines through LEA/team collaboration • Development of scripted routines (with or without photos) • On-going assessment • Indirect service model		**Characteristics of Service Delivery** • Ensure that the LEA is familiar with Roman model (instruct in Roman model if necessary) • Imbed vision into daily routines through LEA/team collaboration • Development of scripted routines (with or without photos) • On-going assessment • Indirect service model		**Characteristics of Service Delivery** • Ensure that the LEA is familiar with Roman model (instruct in Roman model if necessary) • Imbed vision into daily routines through LEA/team collaboration • Imbed developmentally appropriate activities with CVI accommodations • On-going assessment • Indirect service model

Service Delivery Model
New Student
1. Determine eligibility
2. Initial involvement:
  Weekly contact for 4-6 weeks to:
  • determine placement on the CVI scale
  • imbed vision into daily routines
  • set out strategies
  • team building (LEA, AEA, and family and outside agencies) with emphasis on getting the team/agency involved in using the CVI strategies including unique needs (expanded core curriculum)
 	
Continuing Student
1. Ongoing support
  TVI role is to:
  • model CVI strategies
  • update CVI (Roman) scale
  • Facilitate transitions to new environments
  • 30 minutes per 9 weeks
		Service Delivery Model
		New Student
		1. Determine eligibility
		2. Initial involvement:
		  Weekly contact for 4-6 weeks to:
		  • determine placement on the CVI scale
		  • imbed vision into daily routines
		  • set out strategies
		  • team building (LEA, AEA, and family and outside agencies) with emphasis on getting the team/agency involved in using the CVI strategies including unique needs (expanded core curriculum)
		
		Continuing Student
		1. Ongoing support
		  TVI role is to:
		  • model CVI strategies including unique needs
		  • update CVI (Roman) scale
		  • Facilitate transitions to new environments
		  • 30 minutes per 9 weeks
				Service Delivery Model
				New Student
				1. Determine eligibility
				2. Initial involvement:
				  Weekly contact for 4-6 weeks to:
				  • determine placement on the CVI scale
				  • imbed vision into daily routines
				  • imbed developmentally appropriate activities with CVI accommodations and strategies including unique needs (expanded core curriculum)
				
				Continuing Student
				1. Ongoing support
				  TVI role is to:
				  • model CVI strategies including unique needs
				  • update CVI (Roman) scale
				  • facilitate transitions to new environments
				  • provide direct instruction as relates to an intervention
				  • 30 minutes per 9 weeks

Monitoring Progress Roman chart		**Monitoring Progress** Roman chart		**Monitoring Progress** Roman chart

School Age Model for CVI
(5-21)

Range 1-2 (0)	Range 3-4 (.25)	Range 5-6 (.50)	Range 7-8 (.75)	Range 9-10 (1)
Phase I Building Visual Behavior Level I Environmental Considerations		**Phase II** Integrating Vision with Functions Level II Environmental Considerations		**Phase III** Resolution of CVI Characteristics Level III Environmental Considerations
Evaluation/Dismissal 1. Review program at annual review 2. Determine if increase or decrease of service is necessary 3. Consider dismissal if: • change in medical status • vision is not being used as a primary learning mode		**Evaluation/Dismissal** 1. Review program at annual review 2. Determine if increase or decrease of service is necessary 3. Consider dismissal if: • change in medical status • vision is not being used as a primary learning mode		**Evaluation Dismissal** 1. Review program at annual review 2. Determine if increase or decrease of service is necessary 3. Consider dismissal if: • change in medical status • vision is not being used as a primary learning mode
Dismissal procedure If any one of the above criteria is met, the TVI would: • Not change or lack of changes on Roman scale • Follow IEP process for removal of services		**Dismissal procedure** If any one of the above criteria is met, the TVI would: • Not change or lack of changes on Roman scale • Follow IEP process for removal of services		**Dismissal procedure** If any one of the above criteria is met, the TVI would: • Not change or lack of changes on Roman scale • Follow IEP process for removal of services

Itinerant Service Delivery Model

Low Vision Students

Category	Rating	Mild Needs	Mild to Moderate Needs	Moderate Needs	Moderate to Severe Needs	Severe Needs
Functional Vision Status		Visual skills adequate for core curriculum	Visual skills being maintained in a variety of settings	Visual skills being reinforced in a variety of settings	New visual skills being introduced or developed	Visual skills fluctuate depending on activity or setting
Level of Vision (Medical)	**Distance Acuity**	20/20 — 20/60	20/70 — 20/100	20/70 — 20/200	20/150 — 20/400	20/300 — 20/800
	Field Loss	0 — 10 degrees	5 — 20 degrees	15 — 30 degrees	24 —40 degrees	35 — 60 degrees
Near Visual Acuity (Functional) See Appendix A & B		20/20 — 20/60	20/70 — 20/100	20/70 — 20/200	20/150 — 20/400	20/300 — 20/800
Service Delivery Model		**New Student** 1. Current Eye Report 2. Does not meet the medical eligibility requirement 3. Does not qualify for vision services at this time – contact TVI if vision worsens	**New Student** 1. Current Eye Report 2. Add vision services to IEP/IFSP if there is an educational need **Continuing Student** 1. Consult/direct services as determined from FVA, LMA, and ECC **Transitioning Student** 1. Transition student from home to school based programs 2. Add transition services to IFSP or IEP entitlement 3. Update FVA, LMA, ECC SECTION 504	**New Student** 1. Current Eye Report 2. Add vision services to IEP/IFSP **Continuing Student** 1. Consult/direct services as determined from FVA, LMA, and ECC **Transitioning Student** 1. Transition student from home to school based programs 2. Add transition services to IFSP or IEP entitlement 3. Update FVA, LMA, ECC	**New Student** 1. Current Eye Report 2. Add vision services to IEP/IFSP 3. Address Braille for students whose vision is 20/200 or less **Continuing Student** 1. Consult/direct services as determined from FVA, LMA, and ECC **Transitioning Student** 1. Transition student from home to school based programs 2. Add transition services to IFSP or IEP entitlement 3. Update FVA, LMA, ECC	**New Student** 1. Current Eye Report 2. Add vision services to IEP/IFSP 3. Address Braille for students whose vision is 20/200 or less **Continuing Student** 1. Consult/direct services as determined from FVA, LMA, and ECC **Transitioning Student** 1. Transition student from home to school based programs 2. Add transition services to IFSP or IEP entitlement 3. Update FVA, LMA, ECC

Itinerant Service Delivery Model

Low Vision Students   Rough Draft 12/8/06

Category	Rating	Mild Needs	Mild to Moderate Needs	Moderate Needs	Moderate to Severe Needs	Severe Needs
Functional Vision Status		Visual skills adequate for core curriculum	Visual skills being maintained in a variety of settings	Visual skills being reinforced in a variety of settings	New visual skills being introduced or developed	Visual skills fluctuate depending on activity or setting
Level of Vision (Medical)	**Distance Acuity**	20/20 — 20/60	20/70 — 20/100	20/70 — 20/200	20/150 — 20/400	20/300 — 20/800
	Field Loss	0 — 10 degrees	5 — 20 degrees	15 — 30 degrees	24 —40 degrees	35 — 60 degrees
Near Visual Acuity (Functional) See Appendix A & B		20/20 — 20/60	20/70 — 20/100	20/70 — 20/200	20/150 — 20/400	20/300 — 20/800
Characteristics of Service Delivery		**No Vision Services** Student does not meet medical eligibility requirements Does not qualify for vision services at this time	**LEA/team collaboration/consultation** • Monitor print size • Monitor distace vision **LEA training** • Adapting materials • Assistive technology Model strategies and activities to promote visual efficiency **Technology** • Communication needs • Access curriculum Expanded Core (See Appendix II) take out **Advance Linkages/Resources** • Iowa Braille On-going assessment	**LEA/team collaboration/consultation** • Monitor print size • Monitor distace vision **LEA training** • Adapting materials • Assistive technology Model strategies and activities to promote visual efficiency **Technology** • Communication needs • Access curriculum Expanded Core (See Appendix II) take out **Advance Linkages/Resources** • Iowa Braille • Iowa Department for the Blind On-going assessment	**LEA/team collaboration/consultation** • Monitor print size • Monitor distace vision **LEA training** • Adapting materials • Assistive technology Model strategies and activities to promote visual efficiency **Technology** • Communication needs • Access curriculum Expanded Core (See Appendix II) take out **Advance Linkages/Resources** • Iowa Braille • Iowa Department for the Blind On-going assessment Student with 20/200 or worse vision - eligible for APH materials	**LEA/team collaboration/consultation** • Monitor print size • Monitor distace vision **LEA training** • Adapting materials • Assistive technology Model strategies and activities to promote visual efficiency **Technology** • Communication needs • Access curriculum Expanded Core (See Appendix II) take out **Advance Linkages/Resources** • Iowa Braille • Iowa Department for the Blind On-going assessment Student with 20/200 or worse vision - eligible for APH materials

Itinerant Service Delivery Model

Low Vision Students

Category	Rating	Mild Needs	Mild to Moderate Needs	Moderate Needs	Moderate to Severe Needs	Severe Needs
Functional Vision Status		Visual skills adequate for core curriculum	Visual skills being maintained in a variety of settings	Visual skills being reinforced in a variety of settings	New visual skills being introduced or developed	Visual skills fluctuate depending on activity or setting
Level of Vision (Medical)	**Distance Acuity**	20/20 — 20/60	20/70 — 20/100	20/70 — 20/200	20/150 — 20/400	20/300 — 20/800
	Field Loss	0 — 10 degrees	5 — 20 degrees	15 — 30 degrees	24 — 40 degrees	35 — 60 degrees
Near Visual Acuity (Functional) See Appendix A & B		20/20 — 20/60	20/70 — 20/100	20/70 — 20/200	20/150 — 20/400	20/300 — 20/800
Instructional Considerations — Consultation with supervisor required for additional time						
Reading　　　Medium		Reading regular print text	Regular text primary type (primary grades)	Regular print with some print accommodations/magnification	Print demands vary with subject/print accommodations/magnification needed	Print accommodations/magnification, Braille, tape or combination Learn to use a new reading method, i.e., Braille, tape, or reader
Tangible Aids/Optical Devices Technology			Mastery of optical device/No instruction	Competency/May review or refine skills using existing optical device	Refine or introduce new skills using existing low vision devices, tangible aids or technology	Maintain use if hi-tech equipment or teach use if new tangible aid or optical device
Materials Preparations			Minimal amount	Occasional need to adapt material to learner's needs	Frequent need to adapt materials to learner's needs	Intensive accommodations of materials needed
Communication with Pertinent Individuals			Minimal communication with pertinent individuals (2-4 time/year)	Monthly communication with pertinent individuals	Weekly communication with pertinent individuals	Intense communication (2-3 times/week) with pertinent individuals
Keyboarding			Introduce/instruction/strengthen skills as determined by LMA, intervention and or district standards	Introduce/instruction/strengthen skills as determined by LMA, intervention and or district standards	Introduce/instruction/strengthen skills as determined by LMA, intervention and or district standards	Introduce/instruction/strengthen skills as determined by LMA, intervention and or district standards
Listening (aural skills, concentrated for specific skills)			Instruct or support as determined by assessment	Instruct or support as determined by assessment	Instruct or support as determined by assessment	Instruct or support as determined by assessment
Self-Determination (Consider vision portfolio)			Awareness/consultation/instruction as determined by assessment	Awareness/consultation/instruction as determined by assessment	Awareness/consultation/instruction as determined by assessment	Awareness/consultation/instruction as determined by assessment
Other ECC Content Areas			Awareness/consultation/instruction as determined by assessment	Awareness/consultation/instruction as determined by assessment	Awareness/consultation/instruction as determined by assessment	Awareness/consultation/instruction as determined by assessment

Itinerant Service Delivery Model

Low Vision Students

Category	Rating	Mild Needs	Mild to Moderate Needs	Moderate Needs	Moderate to Severe Needs	Severe Needs
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	Field Loss	0 — 10 degrees	5 — 20 degrees	15 — 30 degrees	24 — 40 degrees	35 — 60 degrees
Near Visual Acuity (Functional) See Appendix A & B		20/20 — 20/60	20/70 — 20/100	20/70 — 20/200	20/150 — 20/400	20/300 — 20/800
Instructional Considerations — Consultation with supervisor required for additional time cont.						
Monitoring Progress			• INSITE • Brigance? • ABLS • Assessment Kit (Texas) • VIISA • OREGON • RIOT • IEP/IFSP Progress Monitoring • Classroom performance as reported by teacher • Jerry Johns • FVA • ECC Classroom teacher is the primary instructor whose responsibilities include reading probes, timed readings, DIBLES, Dolch word lists, district norms District and state-wide assessments are the responsibility of the LEA	• INSITE • Brigance? • ABLS • Assessment Kit (Texas) • VIISA • OREGON • RIOT • IEP/IFSP Progress Monitoring • Classroom performance as reported by teacher • Jerry Johns • FVA • ECC Classroom teacher is the primary instructor whose responsibilities include reading probes, timed readings, DIBLES, Dolch word lists, district norms District and state-wide assessments are the responsibility of the LEA	• INSITE • Brigance? • ABLS • Assessment Kit (Texas) • VIISA • OREGON • RIOT • IEP/IFSP Progress Monitoring • Classroom performance as reported by teacher • Jerry Johns • FVA • ECC Classroom teacher is the primary instructor whose responsibilities include reading probes, timed readings, DIBLES, Dolch word lists, district norms District and state-wide assessments are the responsibility of the LEA	• INSITE • Brigance? • ABLS • Assessment Kit (Texas) • VIISA • OREGON • RIOT • IEP/IFSP Progress Monitoring • Classroom performance as reported by teacher • Jerry Johns • FVA • ECC Classroom teacher is the primary instructor whose responsibilities include reading probes, timed readings, DIBLES, Dolch word lists, district norms District and state-wide assessments are the responsibility of the LEA
Signature writing			Monitor/instruct as determined by LMA	Monitor/instruct as determined by LMA	Monitor/instruct as determined by LMA	Monitor/instruct as determined by LMA
Evaluation of Vision Services			1. Review program at periodic/annual review 2. Determine if increase or decrease of service, based on assessment	1. Review program at periodic/annual review 2. Determine if increase or decrease of service, based on assessment	1. Review program at periodic/annual review 2. Determine if increase or decrease of service, based on assessment	1. Review program at periodic/annual review 2. Determine if increase or decrease of service, based on assessment

Itinerant Service Delivery Model

Low Vision Students

Category	Rating	Mild Needs	Mild to Moderate Needs	Moderate Needs	Moderate to Severe Needs	Severe Needs
Functional Vision Status		Visual skills adequate for core curriculum	Visual skills being maintained in a variety of settings	Visual skills being reinforced in a variety of settings	New visual skills being introduced or developed	Visual skills fluctuate depending on activity or setting
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	Field Loss	0 — 10 degrees	5 — 20 degrees	15 — 30 degrees	24 —40 degrees	35 — 60 degrees
Near Visual Acuity (Functional) See Appendix A & B		20/20 — 20/60	20/70 — 20/100	20/70 — 20/200	20/150 — 20/400	20/300 — 20/800
Instructional Considerations — Consultation with supervisor required for additional time cont.						
Dismissal Procedure			Consider dismissal if: • Assessment indicates visual efficiency skills met • Optical device trained and mastered • Change in vision (improved) • Change in medical status (improved) • Consider 504 Plan If any one of the above criteria is met, the TVI would: • Note change or lack or change on assessment instruments • Follow IEP/IFSP process for removal of services	Consider dismissal if: • Assessment indicates visual efficiency skills met • Optical device trained and mastered • Change in vision (improved) • Change in medical status (improved) • Consider 504 Plan If any one of the above criteria is met, the TVI would: • Note change or lack or change on assessment instruments • Follow IEP/IFSP process for removal of services	Consider dismissal if: • Assessment indicates visual efficiency skills met • Optical device trained and mastered • Change in vision (improved) • Change in medical status (improved) • Consider 504 Plan If any one of the above criteria is met, the TVI would: • Note change or lack or change on assessment instruments • Follow IEP/IFSP process for removal of services	Consider dismissal if: • Assessment indicates visual efficiency skills met • Optical device trained and mastered • Change in vision (improved) • Change in medical status (improved) • Consider 504 Plan If any one of the above criteria is met, the TVI would: • Note change or lack or change on assessment instruments • Follow IEP/IFSP process for removal of services

Functional Braille

Service Delivery	Exposure	Tactual Readiness	INTRODUCTION TO SYMBOLIC REPRESENTATION			BRAILLE	
			Concrete (real)	**Partial Concrete** (miniatures)	**Braille Cell Representation** (large cells, Tack-tiles)	**Uncontracted Braille**	**Limited Contractions**
Service Delivery Model	**New Student** 1. Current eye report 2. Add vision services to IEP **Continuing Student** 1. Consult/direct services **Transitioning Student** 1. Student from home to school based programs 2. Transition student to middle school and high school 3. Add transition services to IEP	**New Student** 1. Current eye eport 2. Add vision services to IEP **Continuing Student** 1. Consult/direct services **Transitioning Student** 1. Student from home to school based programs 2. Transition student to middle school and high school 3. Add transition services to IEP	**New Student** 1. Current eye report 2. Add vision services to IEP **Continuing Student** 1. Consult/direct services **Transitioning Student** 1. Student from home to school based programs 2. Transition student to middle school and high school 3. Add transition services to IEP	**New Student** 1. Current eye report 2. Add vision services to IEP **Continuing Student** 1. Consult/direct services **Transitioning Student** 1. Student from home to school based programs 2. Transition student to middle school and high school 3. Add transition services to IEP	**New Student** 1. Current eye report 2. Add vision services to IEP **Continuing Student** 1. Consult/direct services **Transitioning Student** 1. Student from home to school based programs 2. Transition student to middle school and high school 3. Add transition services to IEP	**New Student** 1. Current eye report 2. Add vision services to IEP **Continuing Student** 1. Consult/direct services **Transitioning Student** 1. Student from home to school based programs 2. Transition student to middle school and high school 3. Add transition services to IEP	**New Student** 1. Current eye report 2. Add vision services to IEP **Continuing Student** 1. Consult/direct services **Transitioning Student** 1. Student from home to school based programs 2. Transition student to middle school and high school 3. Add transition services to IEP
Characteristics of Service Delivery	Concentrate services to embed pre-braille skills LEA/team collaboration/ consultation LEA training Help parents acquire appropriate braille materials Model strategies and activities to promote braille literacy Literary numbers Technology • Communication needs	Concentrate services to embed pre-braille skills LEA/team collaboration/ consultation LEA training Help parents acquire appropriate braille materials Model strategies and activities to promote braille literacy Literary numbers Technology • Communication needs	Concentrate services to embed pre-braille skills LEA/team collaboration/ consultation LEA training Help parents acquire appropriate braille materials Model strategies and activities to promote braille literacy Literary numbers Technology • Communication needs	Concentrate services to embed pre-braille skills LEA/team collaboration/ consultation LEA training Help parents acquire appropriate braille materials Model strategies and activities to promote braille literacy Literary numbers Technology • Communication needs	Concentrate services to embed pre-braille skills LEA/team collaboration/ consultation LEA training Help parents acquire appropriate braille materials Model strategies and activities to promote braille literacy Literary numbers Technology • Communication needs	Concentrate services to embed pre-braille skills LEA/team collaboration/ consultation LEA training Help parents acquire appropriate braille materials Model strategies and activities to promote braille literacy Literary numbers Technology • Communication needs	Concentrate services to embed pre-braille skills LEA/team collaboration/ consultation LEA training Help parents acquire appropriate braille materials Model strategies and activities to promote braille literacy Literary numbers Technology • Communication needs

Functional Braille Cont.

Service Delivery	Exposure	Tactual Readiness	INTRODUCTION TO SYMBOLIC REPRESENTATION			BRAILLE	
			Concrete (real)	Partial Concrete (miniatures)	Braille Cell Representation (large cells, Tack-tiles)	Uncontracted Braille	Limited Contractions
Characteristics of Service Delivery	Expanded Core Advance Linkages/ Resources • Iowa Braille On-going assessment	Expanded Core Advance Linkages/ Resources • Iowa Braille On-going assessment	Expanded Core Advance Linkages/ Resources • Iowa Braille On-going assessment	Expanded Core Advance Linkages/ Resources • Iowa Braille On-going assessment	Expanded Core (See Appendix II) Advance Linkages/ Resources • Iowa Braille On-going assessment	Expanded Core (See Appendix II) Advance Linkages/ Resources • Iowa Braille On-going assessment	Expanded Core Advance Linkages/ Resources • Iowa Braille On-going assessment

Functional Braille Cont.

	CONSULTATION WITH SUPERVISOR REQUIRED FOR ADDITIONAL TIME						
	Time: 480 minutes monthly	**Time: 480 minutes monthly**	**Time: 480 minutes monthly**	**Time: 480 minutes monthly**	**Time: 480 minutes monthly**	**Time: 240 minutes weekly**	**Time: 240 minutes weekly**
Monitoring Progress	ABLS Assessment Kit (Texas) VIISA OREGON Interviews (parent, teacher, student) Informal LMA (sensory channels) I Plan	ABLS Assessment Kit (Texas) VIISA OREGON Interviews (parent, teacher, student) Informal LMA (sensory channels) IEP Progress Monitoring			ABLS Assessment Kit (Texas) OREGON Interviews (parent, teacher, student) On-going LMA IEP Progress Monitoring Classroom teacher is the primary instructor whose responsibilities include reading probes, timed readings, DIBLES, Dolch word lists, district norms District and state-wide assessments are the responsibility of the LEA and vocabulary words	ABLS Assessment Kit (Texas) Interviews (parent, teacher, student) On-going LMA IEP Progress Monitoring Classroom teacher is the primary instructor whose responsibilities include reading probes, timed readings, district norms, vocabulary words District and state-wide assessments are the responsibility of the LEA	ABLS Assessment Kit (Texas) Interviews (parent, teacher, student) On-going LMA IEP Progress Monitoring Classroom teacher is the primary instructor whose responsibilities include reading probes, timed readings, vocabulary words, district norms District and state-wide assessments are the responsibility of the LEA
Evaluation of Vision Services	1. Review program at periodic/annual review 2. Determine if increase or decrease of services based on assessment	1. Review program at periodic/annual review 2. Determine if increase or decrease of service based on assessment			1. Review program at periodic/annual review 2. Determine if increase or decrease of service based on assessment	1. Review program at periodic/annual review 2. Determine if increase or decrease of service based on assessment	1. Review program at periodic/annual review 2. Determine if increase or decrease of service based on assessment
Dismissal Procedure	Consider dismissal if • Assessment indicates tactile is not primary mode of learning • Change in vision • Change in medical status If any one of the above criteria is met, the TVI would • Note change or lack of change on assessment instruments • Follow IFSP process for removal of services	Consider dismissal if • Assessment indicates tactile is not primary mode of learning • Change in vision • Change in medical status If any one of the above criteria is met, the TVI would • Note change or lack of change on assessment instruments • Follow IFSP process for removal of services			Consider dismissal if • LMA indicates tactile is not primary mode of learning • Change in vision • Change in medical status If any one of the above criteria is met, the TVI would • Note change or lack of change on assessment instruments • Follow IFSP process for removal of services	Consider dismissal if • LMA indicates tactile is not primary mode of learning • Change in vision • Change in medical status If any one of the above criteria is met, the TVI would • Note change or lack of change on assessment instruments • Follow IFSP process for removal of services	Consider dismissal if • LMA indicates tactile is not primary mode of learning • Change in vision • Change in medical status If any one of the above criteria is met, the TVI would • Note change or lack of change on assessment instruments • Follow IFSP process for removal of services

Braille

Braille Students — AEA 11					
Service Delivery	**Emergent Infancy-Preschool**	**Formal Literacy Preschool - K**	**Beginning Braille K - 3**	**Intermediate Braille Grades 4-8**	**Advanced Braille Grades 9-12**
Characteristics of Service Delivery	Support early literacy development in early childhood settings. Imbed skills into daily routines through... • LEA/team collaboration • Ongoing assessment • Consultation with Team • Helping parents acquire braille books • Literacy numbers	Teaching hand/finger skills, tactile discrimination, early letter recognition Imbed skills into daily routines through... • LEA/team collaboration • Ongoing assessment • Consultation with Team • Literary numbers	Formal reading skills including direct instruction of Braille alphabet/letter sounds, vocabulary and comprehension skills Ongoing assessment Consultation with Team Introduce Nemeth Technology for Braille writing	Rest of contractions Study skills, skills in content areas, reference books, accuracy of Braille recognition Ongoing assessment Editing fluency, refining writing skills, more technology Technology into literacy skills - more advanced	Specialized codes, advanced science and math contexts, textbook format, more technology Ongoing assessment Consultation with team
Service Delivery Model	New Student 1. Current Eye Report 2. Add vision services to IFSP Continuing Student 1. Ongoing support	New Student 1. Current Eye Report 2. Add vision services to IEP Continuing Student 1. Ongoing support	New Student 1. Current Eye Report 2. Add vision services to IEP Continuing Student 1. Ongoing support	New Student 1. Current Eye Report 2. Add vision services to IEP Continuing Student 1. Ongoing support	New Student 1. Current Eye Report 2. Add vision services to IEP Continuing Student 1. Ongoing support
INSTRUCTIONAL CONSIDERATIONS					
Literacy (including reading and writing)	One to two times a month for 30-45 minutes	Three to four times per week for 30-60 minutes	Four to five times per week for 1-2 hours minimum	Two to four times per week for 30 to 120 minutes	One to three times per week for 45 to 120 minutes
Nemeth	Short, concentrated effort for specific skills and students	Short concentrated effort for specific skills and students	Shorter concentrated effort for specific skills and students	Shorter concentrated effort for specific skills and students	Shorter concentrated effort for specific skills and students
Technology (Braille writer, refreshable Braille, notetaking, scanners, apply technical skills)	One to two times per month for 15 minutes	One to two times per month for 15 minutes	Three times per week for 15-20 minutes	Shorter concentrated effort for specific devices	Shorter concentrated effort for specific devices
Keyboarding/word processing			One to three times per week for 15 to 30 minutes	Strengthen skills as needed	New skills as needed, independence necessary
Slate/stylus				3-5 sessions for 30 minutes	1-3 days for 30 minutes
Signature writing			Embeded in other activities	1-3 days for 30 minutes	Maintain skills and embed in activities
Listening (aural skills, live reading, concentrated for specific skills)	Quarterly to three times per week. 15 minutes - 60 minutes	Quartery to three times per week. 15 minutes - 60 minutes	Quarterly to three times per week. 15 minutes - 60 minutes	Quarterly to three times per week. 15 minutes - 60 minutes	Quarterly to three times per week. 15 minutes - 60 minutes

Braille Cont.

INSTRUCTIONAL CONSIDERATIONS					
Service Delivery	**Emergent Infancy-Preschool**	**Formal Literacy Preschool - K**	**Beginning Braille K - 3**	**Intermediate Braille Grades 4-8**	**Advanced Braille Grades 9-12**
Monitoring Progress	ABLES TEXAS Checklist VISSA OREGON Interviews (parent, teacher, student) Ongoing LMA	ABLES TEXAS Checklist VISSA OREGON Interviews (parent, teacher, student) Ongoing LMA	ABLES TEXAS Checklist Ongoing LMA OREGON Interviews (parent, teacher, student) Classroom teacher responsibility includes reading probes, timed readings, DIBLES, Dolch word lists, district norms, and vocabulary words	ABLES TEXAS Checklist Ongoing LMA Interviews (parent, teacher, student) Classroom teacher responsibility includes reading probes, timed readings, Dolch word lists, district norms, and vocabulary words	ABLES TEXAS Checklist Ongoing LMA Interviews (parent, teacher, student) Classroom teacher responsibility includes reading probes, timed readings, vocabulary words, district norms
Evaluation of Vision Services	1. Review Program at periodic/annual review 2. Determine if increase or decrease of service is necessary	1. Review Program at periodic/annual review 2. Determine if increase or decrease of service is necessary	1. Review Program at periodic/annual review 2. Determine if increase or decrease of service is necessary	1. Review Program at periodic/annual review 2. Determine if increase or decrease of service is necessary	1. Review Program at periodic/annual review 2. Determine if increase or decrease of service is necessary
Dismissal Procedure	Consider dismissal if: • Assessment indicates Braille is not primary mode of learning • Change in vision • Change in medical status If any one of the above criteria is met, the TVI would: • Note change or lack of change on assessment instruments • Follow IEP process for removal of services	Consider dismissal if: • Assessment indicates Braille is not primary mode of learning • Change in vision • Change in medical status If any one of the above criteria is met, the TVI would: • Note change or lack of change on assessment instruments • Follow IEP process for removal of services	Consider dismissal if: • LMA indicates Braille is not primary mode of learning • Change in vision • Change in medical status If any one of the above criteria is met, the TVI would: • Note change or lack of change on assessment instruments • Follow IEP process for removal of services	Consider dismissal if: • LMA indicates Braille is not primary mode of learning • Change in vision • Change in medical status If any one of the above criteria is met, the TVI would: • Note change or lack of change on assessment instruments • Follow IEP process for removal of services	Consider dismissal if: • LMA indicates Braille is not primary mode of learning • Change in vision • Change in medical status If any one of the above criteria is met, the TVI would: • Note change or lack of change on assessment instruments • Follow IEP process for removal of services
Teacher Preparation	60 minutes a month	60 minutes a month	Patterns Guided Reading Materials for Classroom TVI teacher material	Patterns Guided Reading Materials for Classroom TVI teacher material	Materials for Classroom TVI teacher material

Quick Look Procedure Guide
ECC Action Plan

Action Under Consideration	Activity Steps	Forms Needed
Who will complete form?	• TVI completes form • IEP team and other needed service providers provide input	ECC Action Plan
Completing form	• Complete demographic information • Enter assessment date • Identify if area will be a goal or intervention Determine: • Who is responsible for instruction? • Who is responsible for data collection? • Where instruction will take place? • Amount of service	ECC Action plan
Where else does this information need to go?	Use information to help complete IEP	ECC Action Plan IEP

Expanded Core Curriculum (ECC)
Action Plan

Student: _____   **School Year**_____

ECC Priority Area(s)	Assessment Date	Goal (g) or Intervention (i)	Person Responsible for Instruction	Person Responsible for Data Collection	Setting	Amount of Service
Compensatory Skills						
Independent Living						
Use of Assistive Tech.						
Visual Efficiency						
Recreation & Leisure						
O & M						
Social Interaction Skills						
Career Education						
Self-Determination						

Completed by: _____   **Date Completed:**_____

Quick Look Procedure Guide
Iowa ECC IEP

Component	Explanation	Example
Persons present at meeting	• Invite student to IEP • Have student lead IEP as soon as appropriate • Iowa Department for the Blind should be present and contribute to goals and service for students 14 and older	• Children as early as Kindergarten are able to contribute to their IEP • Provide direct instruction in the areas of self-determination to give student skills needed to plan & facilitate IEP team meeting • IDB is our rehabilitation partner for all students with visual impairment. Be sure and give them enough advance notice to be able to attend
Disabilities	We are in the process of collecting data for students with VI. Please be sure and mark the drop down menus. See examples	• Always mark EI for the first disability code • For students whose primary condition is VI, just mark the second code area with VI • For students who have severe & profound cognitive disabilities, mark VI as the second code and SP as the third code • For students who are deafblind, mark the second code as DB, if they have severe & profound cognitive disabilities mark the third code as SP
Braille Instruction	If the LMA has documented a need for braille instruction, mark this box and develop an IEP goal to address either instruction and/ or fluency Address NIMAS requirements for students who will use braille texts	Use LMA results to determine if student needs braille instruction either as a primary reading/ writing mode or if condition will deteriorate and print or print with an optical device will not be an efficient reading/writing mode
Communication Plan	If the student is deafblind a communication plan is required, even if student has severe/ profound cognitive disability	Refer to Iowa Communication Plan and complete according to instructions

Quick Look Procedure Guide
Iowa ECC IEP

Component	Explanation	Example
Strengths, interests, preferences	• First of four components that set the context of IEP discussions • Includes the student's strengths, preferences, & interests that are relevant to educational planning • **Strengths:** general things that the student is good at (use needs assessment) & is reflective of the student's personality • **Interests:** things, events, or people that evoke the student's curiosity • **Preferences:** things, events, or people that the student chooses over others	**Strengths:** √ Has strong social skills √ Proficient with contracted braille √ Good self-advocacy skills **Interests:** √ Is interested in social services √ Enjoys working with animals √ Volunteers at a homeless shelter **Preferences:** √ Prefers to work in a small group setting √ Prefers hands-on activities √ Prefers soft-textured foods
Parents' concerns for enhancing their child's education *Provide educational resources such as the Iowa Agenda Goal 2 Parent Notebook, or National Agenda Parent booklets	• Second of four components that set the context of IEP discussions • Opportunity for parents to mention concerns or ideas they have for their student's education • Record a summary of the discussion • Does NOT include a specific request for a service or support	Parents have concerns regarding their child's low literacy rate. Work with classroom teacher and family to evaluate & address educational concerns Parents have concerns that there are no community resources once their child transitions from school. Work with the transition/work experience coordinator, IDB and the CPC, to identify community resources
Student & Family Vision (by age 14) *Use Family Vision Statement worksheet in Resource Guide to assist families in developing statement as early as possible. Recommendations are to begin early in the educational career, not at 14 years of age	• Third of four components that set the context of IEP discussion • Describes environments, knowledge, skills, or activities the *student and family* wish for the student's future • Consider each component: living, learning, & working • Projects into near & distance future or both • Use language of student & family to write the vision • Ensure that course of study and instruction is aligned with the vision statement	Jesse states that she intends to register at a community college in culinary arts while living at home for two years and then apply to a school in Europe Jon's parents would like for him to be more independent at home. **Complete the needed assessments and instructions to address family vision

Quick Look Procedure Guide
Iowa ECC IEP

PLAAFP Page B	PLAAFP Page B	PLAAFP Page B
Special considerations to be addressed in developing this IEP	Circle **Y** or **N** for each item after considering whether the item needs to be addressed as part of the IEP	• Behavior for students with VI and behavior disorder or autism • Communication & language for students with VI and severe/profound cognitive disabilities, language impairment, or students who are deafblind • Braille, if marked on the front page, and LMA documents the need for instruction • AT if student requires AT to access general education or visual environment
Other information essential for the development of IEP	• Summarize the discussion about any other information that is essential for developing the IEP • Write *none* or *NA* if appropriate	• Document the need for instruction in the ECC content areas due to the student's visual impairment • Any other relevant information, such as classroom strategies recommended that will not be addressed by a goal or service, should be recorded here
Describe the effect of the student's disability on involvement & progress in the general curriculum & the functional outcomes (ECC)	• Describe the effect of student's visual impairment on pursuit of their vision, involvement and progress in the general curriculum, activities, or post-secondary expectations *Transition:* for students 14 or older, include the effect of disability on pursuit of post-secondary expectation including living, learning & working.	• Sam has Oculocutaneous Albinism with a visual acuity of 20/120. He will attend ISU in the fall of 2009, live in the dorm, and work in the bookstore. Some accommodations will be necessary for successful completion of post-secondary work but Sam is able to facilitate and advocate for those needed accommodations
Based on the vision & transition assessments of students ages 14 & older, describe the post-secondary expectations for	• Based upon a transition assessment (valid/reliable for VI) comparing student's current skills, preferences, & interests with needed skills, preferences & interests for future living, learning. & working	• Based upon transition assessment discussion, Sam will attend ISU in the fall of 2009, living in the dorm, and work in the bookstore • Based upon transition assessment discussion, Ben will live in a supervised apartment setting with a roommate and

Quick Look Procedure Guide
Iowa ECC IEP

PLAAFP Page B	PLAAFP Page B	PLAAFP Page B
living, learning, and working	• Must be a team decision that includes an anticipated result statement for each area (living, learning, work) • Write as observable behaviors • Should be more specific over time and drive the student's course of study	work at Hy-Vee after graduation. He will receive life skills training at the Orientation Center at IDB • For students who will not turn 14 before the next IEP is written, a statement such as NA or not 14 yet would be appropriate
Other information essential for the development of IEP	• Define coursework & activities in which the student will participate to achieve outcomes identified in the vision statement • Design a 3- or 4-year detailed course of study, consider needed skills and instruction in the ECC content areas as well **Transition:** For students 14 and older, include projected time of graduation and brief description of graduation requirements	• Sam will take the core subjects required for a Regents University (Refer to core requirements). In addition, Sam will require direct instruction in the ECC to ensure competency in all nine content areas. He will receive a regular high school diploma • Ben will graduate with his peers in 2008 with a regular high school diploma. He will participate in general education classes for all general curriculum subject areas with direct instruction in the prioritized ECC content areas

Quick Look Procedure Guide
Iowa ECC IEP

IEP Results	IEP Results	IEP Results
Date of previous IEP	Write the date of the previous IEP that contains the ECC goals you are reviewing	
Goal Number	Each ECC goal on the previous IEP will be numbered	
Goal Code	Write the ECC goal code selected at the time the goal was written	Refer to Early Childhood Outcomes that are addressed by ECC goals
Goal	Summarize the previous ECC goal	Do not recreate goal but summarize
Progress	Consider student's performance in the ECC goal area compared to the written goal and make 1 of 3 conclusions: (1) Goal met or exceeded; (2) Goal not met, but performance improved; (3) No change or poorer performance. If performance level/trend cannot be determined, due to lack of performance monitoring information, check "insufficient data for decision making"	• Data must be used to make this determination • Refer to the change in intervention suggestion under Evaluation
Comparison to peers	Determine if the discrepancy between the student's ECC performance and that of peers is increasing or decreasing. For all students, use baseline and ending levels of performance to make one of three conclusions: (1) less discrepancy, (2) same discrepancy, or (3) more discrepancy. If enough data is not available to make decision, mark "insufficient data for decision making"	• Use the ECC assessment tool to determine discrepancy with peers • Use the performance monitoring data to determine performance • Use change in intervention page under Evaluation to assist when student is not making progress
Independence	Consider student's current performance compared to the beginning of the goal period and determine if the student functions with more, less, or the same level of independence. Use information from parents, other teachers, or people who interact regularly with the student	Independence at the level commensurate with peers is critical for all students with visual impairments. As you develop your goals and provide instruction in the ECC content areas, always focus on student performing skill independently in numerous environments
Goal Status	As a team, determine if work in this goal area will be continued or discontinued, and mark the box that best represents your decision	

Quick Look Procedure Guide
Iowa ECC IEP

Page E	Page E	Page E
Goal Number	Each ECC goal is assigned a number, determined by the number of other goals written by additional team members	1, 2, 3, ...
Goal Code	Use the ECC content areas to align with goal codes. the IEP team codes the goal area by asking, "if this goal is successfully met, in what area will the student be impacted?" The goal code should reflect the IEP team's intent for the goal	F4. *Demonstrates competence in writing the short word braille contractions* F4L. Letter formation, fine motor movement F4M. Mechanics of writing F4C. Composition
Goal area	State the ECC goal area	• Use nine areas of the ECC • Use specific ECC language
Current Academic Achievement and Functional Performance (CAAFP)	For each goal area: • Describe what the student can and can't do, related to the specific goal area including: √ Current skill performance that guides instruction √ Current evaluation results √ Relevant district-wide assessment data • Describe performance in comparison to sighted peers • Provide a specific description of how the student applies and generalizes the goal related skills he/she has acquired to a variety of situations or settings • Provide information detailed enough to make progress deductions	• Use Brigance or other education assessment tools for academic performance • Use the assessment tools found in the ECC Resource Guide that documents age level or grade level standards for ECC areas **Example:** Sam, a 7th grader is currently functioning at a 4th grade reading level as documented by the Jerry Johns Basic Reading Inventory Sam, a 13-year-old is currently functioning at an 8- 11-year-old level in the ECC Goals content area of social interaction
Baseline	This is the student's current performance on the indicator used to measure progress toward the ECC goal. It must be observable, measurable, and specific. It must contain a number. It should be directly linked to the evaluation procedures. (The ECC baseline should be measured in the same way the evaluation procedures indicated the goal progress will be measured). The baseline should also match peer comparison information state in the CAAFP	Use the assessment tools in the ECC Resource Guide to document baseline **Example:** Sam achieved 10/25 skills in the ECC content area of Social Interaction for students aged _____

Quick Look Procedure Guide
Iowa ECC IEP

Page E	Page E	Page E
Goal	Statement of expected outcomes for the student from one year's of instruction in the ECC content area. Goals correspond to the PLAAFP/CAAFP. Goals should be ambitious (represent high expectations). Goals should reference the general curriculum, so progress toward expectations of the general curriculum, can be assessed. For secondary students, each goal should be practical and relevant to the student's age and remaining years in school. The goal includes the time frame of the goal period, the (indicated by an ending date), conditions (when and how the student will perform), behavior (what the student will do), and criterion (the acceptable level of performance). *For students age 14 and over indicate if this goal is related to post-secondary expectations in living, and/or working (can be only one or more than one expectation)	Goals should be based on the frequency/duration of instruction needed for competency, not time available on caseload **Example:** By September 15, 2007, when given several opportunities for practice in school, home, and community, Sam will complete 25/25 skill sets in the ECC content area of Social Interaction for students aged 8-11
Evaluation Procedures	Indicate how and how often progress will be measured. Progress toward a goal is monitored frequently (weekly) and repeatedly (using similar measurement strategies each week). Copies of graphs and data summary sheets should be included in the student's cum record	Use Mastery Monitoring techniques of the system from the COACH included on the ECC Lesson Plan **Example:** Sam will demonstrate specific Social Interaction Skill weekly at home, school, and community. Parent, TVI, and classroom teacher will collect data weekly on specific skill set
District Standards & Benchmarks	State the district standard and benchmark related to the ECC content area. If unavailable, use the state or national standard found in the ECC Resource Guide. These should be written out instead of using a code or numerical designation	**IEP Goal Area**: Compensatory, braille instruction **Standard**: To demonstrate competency in reading **Extended Benchmark**: Identifies symbols for reading
Position(s) Responsible for Services	Indicate the position of the person(s) responsible for delivering instruction that addresses the goal and for the monitoring progress toward the goal. Take this information from the ECC Action Plan. If different positions are responsible, write the task and the position. Individual's names should not be used	TVI, OMS, Parent, Classroom Teacher, other

Quick Look Procedure Guide
Iowa ECC IEP

Page E	Page E	Page E
Major Milestones or Short-Term Objectives	These are only required for students with severe/profound cognitive disabilities that take the Alternate Assessment. Chart progress on Page E	Use task analysis of the identified sub-skill set in the assessment tools found in the ECC Resource Guide
Progress Report	A student's parents must be regularly informed of: (1) their student's progress toward the annual goals at the same time as report cards are distributed for that specific school district; and (2) the extent to which that progress is sufficient to enable the individual to achieve the goals by the end of the year	Use charts to determine progress each report card period. If progress is not met after 12 weeks, review change in intervention found in the Evaluation section

Quick Look Procedure Guide
Iowa ECC IEP

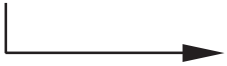| Special Ed Services Page F	Special Ed Services Page F	Special Ed Services Page F
Accommodations	Supports or services provided to help a student access the general curriculum and demonstrate learning	Use FVL/LMA or other assessment tools to identify needed accommodations *Students who use braille/large print texts and instructional materials should have district wide assessments in the same format
Assistive Technology	Any item such as a braille note or screen reader that allows the student access to general curriculum	Describe instruction in the boxes. Student should have a pre/post assessment of efficiency with the device and should receive instruction to ensure proficiency
Community Experiences	Educationally supported activities in the community such as O & M	If O & M is provided in the community or other ECC content areas are supported in the community, mark **Y**
Linkages/ Interagency Responsibility	Services that lead to a job or career, and important adult activities that are done occasionally such as registering to vote	IDB, Transition Coordinators, or Work Experience Coordinators are collaborative partners in this service Describe instruction and ECC content area in the space for description
Program Modification	Promising Practices would not allow for modifications, just accommodations	
Specially Designed Instruction	Instruction in the ECC content areas provided by the TVI/OMS should be marked	Describe instruction in the box for description **Example:** Sam will receive specially designed instruction in the ECC content area of Social Interaction by both the TVI (three times a week for 60 minutes each session in the classroom) and by the OMS (once a week for 60 minutes in the community)
Supplementary Aids and Services	Support or services provided to help students access general education settings and to enable education with sighted peers to the maximum extent appropriate	**Example:** intervener for students who are deafblind, para educator
Supports for School Personnel	Supports or services provided to school personnel to provide them with the necessary skills and assistance needed to support the implementation of the IEP	**Example:** workshops provided to classroom teacher and others regarding a particular student's visual impairment **Note:** collaboration/consult with school personnel here

Quick Look Procedure Guide
Iowa ECC IEP

Special Ed Services Page F	Special Ed Services Page F	Special Ed Services Page F
Support or Related Service	Only collaboration/consultative services provided are listed here	ECC instruction is noted under specially designated instruction Other related services such as O & M or Speech should be noted here
Indication of services, activities, and supports	As a team, determine those services, activities, and supports needed for the student to meet goals and receive FAPE. Circle **Y** or **N** for each of the 11 options	
Describe each service, activity, or support	Describe any section that has **Y** circled	Specially Designed Instruction: Sam will receive instruction in the ECC content area of Social Interaction
Provider(s) and when the service, activity, or support will occur	• Include a starting date for each service, activity, and/or support • Write TVI or OMS in the position • Indicate the amount of time for both direct and/or collaboration and consult. No less than two times a month for 60 minutes a month is recommended • For service or activities that are not provided frequently, describe the terms of when they are to be provided (setting, condition, date, or event, time of day)	**Example:** Orientation to a new building, three sessions before school starts at the new middle school
Setting Specially Designed Instruction	• Mark the setting(s) where the ECC instruction will occur (use Action Plan) and write the specific amount of time in minutes • The setting is determined by the majority of peers in the setting rather than the presence of the TVI • Education through community experiences is not considered special education setting (removal) if the time is spent with sighted peers	Use pullout setting as a last resort, attempt to provide instruction in the classroom. Sometimes pull out may be necessary to present the skill and then have student practice skill in the classroom
Total minutes per month removed from general education	Case manager or person responsible for the IEP and calculating LRE will complete this task	

Quick Look Procedure Guide
Iowa ECC IEP

Page G	Page G	Page G
ESY	Mark **Y** or **N** to indicate if ESY services are needed. Follow IBS or AEA rules regarding ESY	
Transportation	Case manager or person responsible for IEP will address this issue	
PE	• Check only if student requires adaptive PE due to their visual impairment • Other accommodations should be addressed here	
District-Wide Assessment	Indicate if the student will be participating in district-wide assessments with or without accommodations such as braille, LP, extended time, reader, or other accommodations documented from FVA/LMA or other assessments	All students with visual impairments should take the district-wide assessments with their sighted peers. It is important that assessments are valid and reliable for students with visual impairment
LRE Considerations	These questions must be answered for students who will access Expanded Learning Opportunities at Iowa Braille School (IBS)	Complete necessary paperwork for IBS
Progress Reports	Note regular report card distribution for IEP progress reports. TVIs decide whether to complete a separate progress report or copy IEP goal page	

Goal Writing Matrix — Alignment of questions IEP team needs to ask about developed goals to the parts of the well-written goal.

Parts of a well-written goal → / Questions for the IEP team to ask when reviewing the goals.	Meet the student's needs that result from the student's disabilities.	Enable the student to make progress in the general education.	Be written with high expectations.	Be measurable.	Specify the expected knowledge, skill behavior or attitude.	Be statements of anticipated results to be achieved within the duration of the IEP.	Be meaningful.	Be able to be monitored.	Be useful in making decisions.	Be related to student strengths, interests and preferences.	Be related to the things identified in the PLAAFP, these include:	Concerns of the parents	Student and family vision	Needs of the student
Is each goal clear and understandable?				X	X		X	X	X	X				
Is each goal positively stated?				X		X	X							
Is there at least one goal for each area of need stated in the PLAAFP?	X				X		X		X			X	X	X
Can each goal be justified on the basis of the information in the PLAAFP?	X	X			X		X		X	X		X	X	X
Is each goal practical and relevant to the student's academic, social and vocational needs?	X	X	X		X	X	X		X	X		X	X	X
Is each goal practical and relevant to the student's age and remaining years in school?	X		X		X	X	X		X					
Does each goal relfect appropriate growth within the instructional area?		X			X	X			X					

Developed by: Sharon Hawthorne, Iowa Department of Education

Individualized Education Program

DATE: _____/_____/_____   **TYPE**: ☐ Initial ☐ Review ☐ Reevaluation ☐ Amendment ☐ Interim

STUDENT: _____   ☐ M ☐ F

             Last (legal)   First (no nicknames)   M.I.

Birthdate: _____/_____/_____   Grade: _____   Teacher/Service Provider: _____

Resident District: _____   Building _____

Attending District: _____   Building _____

Attending Area Education Agency: _____   Attending Building Phone: _____

[ ] Parent [ ] Foster Parent [ ] Guardian [ ] Surrogate [ ] Student	Name: _____ Home Phone: _____ Address: _____ Work/Cell Ph: _____ _____ E-mail: _____
[ ] Parent [ ] Foster Parent [ ] Guardian [ ] Surrogate [ ] Student	Name: _____ Home Phone: _____ Address: _____ Work/Cell Ph: _____ _____ E-mail: _____

Duration of this IEP: From _____/_____/_____ to _____/_____/_____   Reevaluation is due: _____/_____/_____

Procedural safeguards were reviewed by: _____   Method: _____

Rights will transfer at age 18: _____/_____/_____   Notification: Student: _____/_____/_____   Pa...

> **Invite Student to IEP, should be leading IEP as appropriate**

Persons Present at Meeting/Position or Relationship to Student

_____ Parent   _____ Student

_____ Parent   _____

_____ LEA Re...

_____

> **Only mark if you have an assessment that shows a need for instruction and write an IEP goal for instruction, fluency, or maintenance of skills.**
> **Address NIMAS requirements if student receives texts in braille.**

> **Invite IDB for students 14 and older**

Signature or listing indi...   ...proval nor acceptance of the IEP

Outside...   Date: _____/_____/_____

> **Mark EI for the first code and VI for the second code and SP for the third code, if appropriate, on the drop down menu. If student is deafblind, mark DB for second code and SP for third code, if appropriate.**

> **For students who are deafblind, a communication plan must be developed.**

Require...				Goal Description	Code	SDO(s)
Ethnicity	...ve technology	☐ Shortened school day				
	...ior assessment/pla...	☐ Special transportation				
Disability(ies):	☐ Braille instruction	☐ S...				
Early childhood code:	☐ Communication plan (Deaf/HH)	...sis for enrollment				
Time: ☐ Full ☐ Part	☐ Extended school year services	Served status:				
☐ ☐ Alternate assessment	☐ Health Plan	WEF:	☐ I-Plan _____/_____/_____			
Domicile district/building:		Roster change(s):	Final Exit:			
Copies to:						

Name: _____ Date: ____/____/____ Page _____ of _____

> Use interest inventories, interviews with student and family to complete this section.

Present Levels of Academic Achievement and Functional Performance

Strengths, interests and preferences of this individual _____
_____
_____

Parents' concerns for enhancing their child's education _____
_____
_____

> TVI may assist the family in developing this statement. Development of this statement begins during early intervention and evolves as child ages. A development resource is included in the ECC resource manual.

Student and family vision. Include post-high school outcomes _____ the needs, interests and preferences of the individual by age 14.
_____
_____
_____

Special considerations to be addressed in developing this IEP. Include or attach appropriate information for any "Yes."

Y **N** Behavior (in the case of a student whose behavior impedes his or her learning or that of others, consider the use of positive behavioral interventions and supports, and other strategies, to address that behavior)

Y **N** Communication and language, ___ent is deaf

> Mark Y if you marked the box on the front page.

Y **N** Braille instruction needs if this student has a visual impairment

Y **N** Limited English proficiency (Consider the language needs related to the IEP)

Y **N** Assistive technology

Other information essential for the development of this IEP. I___

> Due to the student's visual impairment, instruction may be required in a number of the nine skill areas known as the Expanded Core Curriculum.

_____
_____
_____
_____

> Provide a brief paragraph that describes the VI, include acuity/etiology and the impact on the educational program. Use the FVA and LMA to develop statement.

Describe the effect of this individual's dis___ education curriculum and the functional implications of the___ effect of this individual's disability on involvement in appropriate activi___ disability on the pursuit of post-secondary expectations (living, learn___)
_____
_____
_____

> Use assessment results from the ECC areas that address living (ILS), learning (Compensatory), and working (Career Education). Use other areas as appropriate.

Based on the vision and transition assessments of student___ary expectations for living, learning, and working.
_____
_____
_____

Course of study (By age 14, include target graduation date, graduation requirements, ___ needed to pursue the post-secondary expectations for living, learning and working.)

> Include ECC content areas as well as academic course work.

_____
_____
_____

Name: _____   Date: ___/___/___   Page _____ of _____

IEP Results: previous IEP dated: ___/___/___

> Use the ECC assessment tools to determine areas of discrepancy.

Goal #: _____ **Goal code:** _____ **Goal:** _____

Progress: Did the child make the progress expected by the IEP team in the last year? (check one)	**Comparison to peers or standards:** How does the child's performance compare with general education peers or standards? (check one)	**Independence:** Is the child more independent in the goal area? (check one)	**Goal status:** Will work in the goal area be continued? (check one)
☐ M Yes, goal met	☐ L Less discrepancy from peers or standards	☐ G Greater independence	**Discontinue goal area**
☐ I Goal not met, performance improved	☐ U Some discrepancy	☐ U Unchanged independence	☐ S Success, no further special education needs in goal area
☐ W No change or poorer performance	☐ M More discrepancy	☐ L Less Independence	☐ X Goal area is not a priority for the next year
☐ X Insufficient data for decision making	☐ N Comparison to age or grade level peers or standards not appropriate	☐ X Insufficient data for decision making	☐ N Limited progress, plateau
			☐ M Moved ☐ D Dropped out
	☐ X Insufficient data for decision making		☐ G Graduated
			Continue goal area
			☐ C More advanced work in goal area
			☐ O Continue as written

Goal #: _____ **Goal code:** _____ **Goal:** _____

Progress: Did the child make the progress expected by the IEP team in the last year? (check one)	**Comparison to peers or standards:** How does the child's performance compare with general education peers or standards? (check one)	**Independence:** Is the child more independent in the goal area? (check one)	**Goal status:** Will work in the goal area be continued? (check one)
☐ M Yes, goal met	☐ L Less discrepancy from peers or standards	☐ G Greater independence	**Discontinue goal area**
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☐ M Yes, goal met	☐ L Less discrepancy from peers or standards	☐ G Greater independence	**Discontinue goal area**
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			☐ M Moved ☐ D Dropped out
	☐ X Insufficient data for decision making		☐ G Graduated
			Continue goal area
			☐ C More advanced work in goal area
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Goal #: _____ **Goal code:** _____ **Goal:** _____

Progress: Did the child make the progress expected by the IEP team in the last year? (check one)	**Comparison to peers or standards:** How does the child's performance compare with general education peers or standards? (check one)	**Independence:** Is the child more independent in the goal area? (check one)	**Goal status:** Will work in the goal area be continued? (check one)
☐ M Yes, goal met	☐ L Less discrepancy from peers or standards	☐ G Greater independence	**Discontinue goal area**
☐ I Goal not met, performance improved	☐ U Some discrepancy	☐ U Unchanged independence	☐ S Success, no further special education needs in goal area
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			☐ M Moved ☐ D Dropped out
	☐ X Insufficient data for decision making		☐ G Graduated
			Continue goal area
			☐ C More advanced work in goal area
			☐ O Continue as written

Name: _____   Date: ___ / ___ / ___   Page _____ of _____

Goal #:   **Goal code:**   **Goal area:**

Current Academic Achievement and Functional Performance (Results of the initial or most recent evaluation and results on district-wide assessments relevant to this goal; performance in comparison to general education peers and standards) _____

_____

Baseline (describe individual's c_____

_____

Measurable Annual Goal: cond_____ dividual will do);
and **criterion** (acceptable level o_____ elated to post-
secondary expectations of:
(check all that apply to this goal) _____

_____

_____

Evaluation procedures (states how progress t_____ progress will be
measured _____

_____

State the district standard and benchmark re_____ his goal: _____

_____

Position(s) responsible for services: _____

Major Milestones or Short-Term Objectives/Dat___ pected (Required for students assesses against alternate achieve___ standards)	**Comments/Progress Notes/Dates Achieved**

> **DO NOT USE THIS PAGE. CHARTING IS REQUIRED AS PART OF THE PERFORMANCE MONITORING**

Progress Report
1 = This goal has been met.
2 = Progress has been made towards the goal. It appears that the goal will be met by the time the IEP is reviewed.
3 = Progress has been made towards the goal, but the goal may not be met by the time the IEP is reviewed.
4 = Progress is not sufficient to meet this goal by the time the IEP is reviewed. Instructional strategies will be changed.
5 = Your child did not work on this goal during this reporting period (provide an explanation to the parents).

____/____/____ 1 2 3 4 5   ____/____/____ 1 2 3 4 5   ____/____/____ 1 2 3 4 5

____/____/____ 1 2 3 4 5   ____/____/____ 1 2 3 4 5   ____/____/____ 1 2 3 4 5

____/____/____ 1 2 3 4 5   ____/____/____ 1 2 3 4 5   ____/____/____ 1 2 3 4 5

Name: _____ Date: ___ / ___ / ___ Page _____ of _____

Goal #: _____ **Goal code:** _____ **Goal area:** _____

> Identify ECC content area (use ECC language)

> Use Results from the ECC Assessment Protocol to report functional performance and baseline.

Current Academ[ic] _____ **[F]unctional Performance** (Results of th[e] _____ [rele]vant to this goal; performance in comp[ ] _____ results on district-[ ] _____ standards) _____

Baseline (describe individual's current performance in measurable terms) _____

_____

> Use Results from the ECC Assessment Protocol to develop measurable goals. Goal writing hints are available in the Performance Monitoring section.

Measurable Annual Goal: conditions (when and how the individual [ ] _____); and **criterion** (acceptable level of performance). For students 14 year[s] _____ secondary expectations of: (check all that apply to this goal) ☐ living ☐ learning ☐ working

_____

> If district standard is not available for the ECC content area, use the standards noted in the ECC Resource Guide.

Evaluation procedures (states how progress toward meeting this goal will be measure[d] _____ measured _____

> Cite the assessment source and use the district reporting timeline.

Sta[ndard] _____ **[standa]rd and benchmark r[ ]** _____ **[leve]l:** _____

> Note TVI or OMS here.

Position(s) responsible for services: _____

Major milestones: (required for students assessed against alternate achievement [ ]

> Identify sub-skill set from assessment tool or task analysis here.

1: _____ 2: _____

3: _____ 4: _____

> Use Job #1 charts to document progress as part of the performance monitoring. Refer to manual for assistance.

Progress Report

1 = This goal has been met.
2 = Progress has been made towards the goal. It appears that the goal will be met by the time the IEP is reviewed.
3 = Progress has been made towards the goal, but the goal may not be met by the time the IEP is reviewed.
4 = Progress is not sufficient to meet this goal by the time the IEP is reviewed. Instructional strategies will be changed.
5 = Your child did not work on this goal during this reporting period (provide an explanation to the parents).

____/____/____ 1 2 3 4 5   ____/____/____ 1 2 3 4 5   ____/____/____ 1 2 3 4 5

____/____/____ 1 2 3 4 5   ____/____/____ 1 2 3 4 5   ____/____/____ 1 2 3 4 5

____/____/____ 1 2 3 4 5   ____/____/____ 1 2 3 4 5   ____/____/____ 1 2 3 4 5

Name: _____ Date: ____/____/____ Page _____ of _____

Special Education Services

Indicate the special education and related services, supplementary aids and services, based upon peer-reviewed research to the extent practicable, that will be provided in order for this individual: 1) to advance appropriately toward attaining the annual goals; 2) to be involved and progress in the _____ rticipate with other individuals with disabilities and nondisabled individu_____ er nonacademic activi- ties; and 5) by age 14, to pursue the course of study _____ ng & working).

> **Document instruction in the ECC Content area as specially designed instruction.**

	Y N
Y **N** Accommodations	Y **N** Linkages/Interagency responsibilities Y **N** Supplementary aids and services
Y **N** Assistive Technology	Y **N** Program modifications Y **N** Supports for school personnel
Y **N** Community experiences	Y **N** Specially designed instruction Y **N** Support or related services
Y **N** Development of work and other post-high school living objectives	Y **N** Other _____

Describe each service, activity, and support indicated above:	Provider(s) when the service, activity or support will occur	Minutes in Setting
> **Describe instruction, content area and document time & frequency. Collaborative/ consult only must be a minimum of two times a month for 30 minutes. Put TVI/CMS as provider.**	...te: ...ency/when provided	_____ General education _____ Special education _____ Community per ____ Day ___ Week ___ Month
	Beginning Date: Provider(s): Time & frequency/when provided	_____ General education _____ Special education _____ Community per ____ Day ___ Week ___ Month
	Beginning Date: Provider(s): Time & frequency/when provided	_____ General education _____ Special education _____ Community per ____ Day ___ Week ___ Month
	Beginning Date: Provider(s): Time & frequency/when provided	_____ General education _____ Special education _____ Community per ____ Day ___ Week ___ Month
	Beginning Date: Provider(s): Time & frequency/when provided	_____ General education _____ Special education _____ Community per ____ Day ___ Week ___ Month
	Beginning Date: Provider(s): Time & frequency/when provided	_____ General education _____ Special education _____ Community per ____ Day ___ Week ___ Month
Support Services:	Total minutes per month removed from general education:	
	LRE: Removal from GE _____ % plus Time in GE _____ % = 100%	

Name: _____   Date: ____/____/____   Page _____ of _____

Special Education Services (continued)

☐ Yes ☐ No   **Are extended school year (ESY) services required?** If yes, specify the goals that require ESY services and describe the services: _____

_____

☐ Yes ☐ No   **Are specialized transportation services required that are related to the disability?** If yes, describe

_____

☐ Special route (outside normal attendance area or transportation not typically provided, based on distance from school).

☐ Attendant services   ☐ Specially equipped vehicle   ☐ Other _____

Physical Education: ☐ General   ☐ Modified — describe below   ☐ S[...]

┌──┐
│ **Use results from the FVA/LMA to determine** │
│ **needed accommodations and describe below.** │
│ **Do NOT note LP tests if student does not use** │
│ **LP texts and materials in class.** │
└──┘

_____

_____

Indicate how this individual will participate in district-wide assessment

☐ Without accommodations   ☐ With accommodation

Describe accommodations necessary to measure academic achievement and functional performance _____

_____

_____

☐ Through the state alternate assessment. Why can't the individual participate in the general assessment? _____

_____

_____

Why is this alternate assessment appropriate for this student? _____

_____

Least Restrictive Environment Considerations / Address the following questions:

☐ Yes ☐ No   Will this individual receive all special education services in general education environments?:

if no, explain: _____

_____

☐ Yes ☐ No   Will this individual participate in nonacademic activities with nondisabled peers **and** have the same opportunity to participate in extracurricular activities as nondisabled peers?

If no, explain: _____

_____

☐ Yes ☐ No   Will this individual attend the school he or she would attend if nondisabled?

If no, explain: _____

_____

☐ Yes ☐ No   Will this individual attend a special school? If yes, attach responses to the special school questions.

Progress reports

Parents: You will be informed of your child's IEP progress _____ time per year. You will receive

☐ An IEP report card and progress reports   ☐ Updated copies of the IEP goal pages

☐ _____

Student/Family Vision Statement
What is this student/family vision?

The Student Family vision statement is what guides development of the IEP goals. This is a tool for you and your child to think about and plan for what you want her/him to be able to do in the next 1 to 3 years (for younger children), or when s/he finishes high school (for those 14 and older).

Student and family visions:

- Are thoughts and hopes expressed by the family and the student?

- Related to what the student is presently able to do?

- Include the student's strengths and interests?

- Will probably change as the student progresses through school.

- Are considered at each IEP meeting?

- After age 14 should focus on plans for future living, working, and learning.

- For the basis for IEP goals and transition planning.

Questions to think about in preparing the "Vision:"

- What things/skills does your child do well - educationally and otherwise?

- What activities/areas interest your child - in school and out?

- What things/skills do you hope your child will learn in the next 1-3 years?

Hopes and Dreams   Students age 14 and older — Transition considerations:

1. Where will s/he be <u>living</u> after graduation?

2. What type of <u>work</u> will s/he be interested in doing?

3. What <u>learning/training</u> programs might s/he want to participate in?

Instruction

ECC Lesson Plan I

Student :_____ Date(s) of Instruction: _____

ECC Area: _____ IEP Goal:_____

Target Skill (Skills necessary to reach IEP goals): _____
_____
_____

Lesson Objective (Hierarchy of Sub skills, use your assessment data): _____
_____
_____

Probing Question (relate to previous learning): _____
_____
_____

Teacher modeling of skill: _____
_____
_____

Guided practice: _____
_____
_____

Check for understanding: _____
_____
_____

Independent Practice: _____
_____
_____

Wrap up: _____
_____
_____

Data (or use other data collection method):

Number	Learning Outcomes	Circle Score*	Needs Work? Y N	Comments
		E P S		
		E P S		
		E P S		
		E P S		
		E P S		
		E P S		

E = Early/Emerging Skill (1-25%)   P = Partial Skills (25-80%)   S = Skillful (80-100%)

Quick Look Procedure
Iowa ECC Lesson Plan II
Rigor and Relevance Framework

Component	Explanation	Example
What is it?	Tool to examine curriculum, instruction and assessment. It is based on two dimensions of higher standards and student achievement (1.) Continuum of knowledge that describes the increasingly complex ways in which we think. The knowledge taxonomy is based on the six levels of Bloom's Taxonomy (2.) Application Model, is one of action. There are five levels of this continuum	 1. Awareness 2. Comprehension 3. Application 4. Analysis 5. Synthesis 6. Evaluation 1. Knowledge in one discipline 2. Apply in discipline 3. Apply across discipline 4. Apply to real-world predictable situations 5. Apply to real-world unpredictable situations, describe putting knowledge to use
Quadrant - The quadrant is broken into four Sections A - D A = Acquisition B = Application C = Assimilation D = Adaptation	(A.) Simple recall and basic understanding (C.) Represents more complex thinking (B and D). Represent action of high degrees of application	(A.) Knowing that the world is round and that Shakespeare wrote *Hamlet* (C.) Embraces higher levels of knowledge, such as knowing how the U.S. political system works and analyzing the benefits and challenges of the cultural diversity of this nation versus other nations (B.) Knowing how to use math skills to make purchases and count change (D.) The ability to access information in wide-area network systems and the ability to gather knowledge from a variety of sources to solve a complex problem in the workplace

Quick Look Procedure
Iowa ECC Lesson Plan II
Rigor and Relevance Framework

Component	Explanation	Example
What is Rigor?	A versatile way to define the level of rigor of curriculum objectives, instructional activities, or assessments is the Knowledge Taxonomy Verb List: 1. Knowledge 2. Comprehension 3. Application 4. Analysis 5. Synthesis 6. Evaluation	Basic Nutrition 1. Label foods by nutritional groups 2. Explain nutritional value of individual foods 3. Make use of nutrition guidelines in planning meals 4. Develop personal nutrition goals 5. Appraise results of personal eating habits over time
What is Relevance?	The Application Model for relevance describes increasingly complex applications of knowledge. Each level requires students to apply knowledge differently: 1. Knowledge in one discipline 2. Application in one discipline 3. Interdisciplinary application 4. Real-world predictable situations 5. Real-world unpredictable situations	Basic Nutrition 1. Label foods by nutritional groups 2. Rank foods by nutritional value 3. Make cost comparisons of different foods, considering nutritional value 4. Develop a nutritional plan for a person with a health problem affected by food intake 5. Devise a sound nutritional plan for a group of 3-year-olds who are picky eaters

ECC Lesson Plan II
Performance Planning Worksheet

Student :_____   Date: _____

Defining focus of instructional unit:

What ECC areas were identified for instruction? _____

Sub-skills identified by the ECC Assessment Protocol: _____

NLE: _____

Time needed: _____

Standards and instructional priorities:

What are the related state standards and grade level expectancies? _____

_____

What age/grade level does the ECC Assessment Protocol document? _____

Is this standard tested on DWA or AA?   ☐ Yes   ☐ No

Competencies: Expected levels of student knowledge and performance:

What does the student need to know and be able to do? _____

_____

Circle the level of rigor/relevance:

A. Acquisition   B. Application   C. Assimilation   D. Adaptation

What is the expected student work to demonstrate instructional outcome:

Define required content knowledge:

List essential questions/concepts:

Design assessment and instruction together?

a. Standard Test   b. Constructed Response   c. Product Performance   d. Portfolio   e. Interview   f. Self-reflection

Rigor/Relevance Framework Sample
Self-Determination

Quadrant C Assimilation	Quadrant D Adaptation
• Role play self-advocacy situations • Present workshop on eye condition to classroom • Have student lead IEP Team meeting • Have student contrast assertiveness/aggressiveness • Have student create an electronic portfolio that is updated each year for the next environment • Have student participate in mock interviews for next environment • Create portfolio for next environment	• Have student present portfolio to post-secondary educational placement • Have student develop guidelines for others to use in leading the IEP Team meeting • Have student keep data on how often they ask/refuse assistance and in what circumstances • Have student present on self-determination at a conference/workshop
Quadrant A Acquisition	**Quadrant B Application**
• Discuss student strengths and preferences • Brainstorm meaning of self-determination • Discuss self-advocacy • Read about student's eye condition • Review the law and personal rights for students with a disability • Discuss how to lead an IEP	• Create an "All About Me" book • Create a medical/educational report for classroom teachers • Create a Power Point presentation on eye condition • Have student plan for leading his/her IEP Team meeting

Quick Look Procedure Guide
Collaborative/Consult Record

Component	Explanation	Example
Demographic Information	Complete with needed information for each individual student on your Master List unless they are just receiving an intervention and are not currently on an IEP	Self-explanatory
Service Record	Complete using the key found on the bottom of the first page for each visit (no less than two times a month). Activity may include e-mail or telephone contact as long as you document how it addresses the objective	Document collaborations/consults and any absences or cancellations. This information is essential to document frequency/duration of collaboration
Objective	For each student on your Master List an objective for collaboration/consultation must be determined by the IEP team	Write Objective that was determined by the IEP team on the top of page 2
Person	For each documented collaboration/content activity, identify with whom you met or contacted	**Example:** Families, classroom teacher, other service providers
Results	For each documented collaboration/content activity, document the results next to the person with whom you met or contacted.	**Example:** Classroom teacher had requested braille materials; delivered materials and made recommendations about possible instructional strategies for graphing.
**Keep copies in student folder		

TVI Collaboration/Consult Record

Initial/Review Dates	
IFSP/IEP	
Periodic	
3-Year	

Name: _____ DOB: _____ Age: _____

Parent(s): _____

Phone (H): _____ Phone (W): _____

Address: _____

School District: _____ Building: _____

Teacher: _____ Grade: _____

Case Coordinator: _____ Program: _____

IFSP/IEP _____ SDO _____ Service Time: _____

Service Record

Month											Month										
Aug.											**Feb.**										
Sept.											**March**										
Oct.											**April**										
Nov.											**May**										
Dec.											**June**										
Jan.											**July**										

Key: A - Student absent   C - Cancellation by whom (Parent, Teacher, other)
          M - Meeting for student (IEP/IFSP)   X - TVI ill/absent
          T - Telephone Contact   O - Other
          E - E-mail Contact

Objective

Person	Results

Evaluation

Performance Monitoring
Review of PM & MM

Progress Monitoring: Use this method to increase or decrease a behavior. Assumes that there is a behavior present that can be altered.

Mastery Monitoring: Use this method if accuracy is a concern (e.g., behavior either is not present, missing components, or needs to be shaped).

Six Steps	Progress Monitoring	Mastery Monitoring
1 **Define the Behavior**	Use examples and non-examples	Define at least 4 subskills
2 **Select Measurement Strategy**	How, who, what, where, why **Event Recording:** frequency, percentile **Temporal Recording:** duration, latency	Establish each subskills' criteria for mastery
3 **Determine Current Level of Performance**	Baseline	
4 **Write a Goal**	Timeline, Conditions, Child, **Behavior**, Criteria ****Note:** this behavior was the behavior you defined in #1	
5 **Chart and Record Data**	Ascending or descending goal line	Flat goal line and quarter stars
6 **Develop a Decision-making Plan**	**Examples:** Data will be collected and graphed by teacher. Four Point Decision-Making Rule will be followed after 4+ consecutive data points	**Examples:** Examine quantitative data on a quarterly basis & qualitative data weekly. Changes will be based on data and professional judgment

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How to Make Intervention Changes

When student is not obtaining the identified skill set as evidenced by your data collection, consider the following:

☐ Does the student have the prerequisite skills needed to obtain this skill set?

☐ Is the skill set developmentally appropriate?

☐ Is the instructional time (duration and frequency) sufficient to have student obtain skill set?

☐ Are the prompts appropriate for this student?

☐ Is the instructional pace (too slow, too fast) appropriate for the learning style of this student?

☐ Are the instructional materials appropriate for this student?

☐ Should the reinforcers be more frequent or more intense?

☐ Are there variables you did not expect?

☐ Do you need to consider assisted technology?

☐ Can more practice be added?

☐ Does something in the environment be changed?

☐ Is your service the wrong intervention?